JUN 19 1986

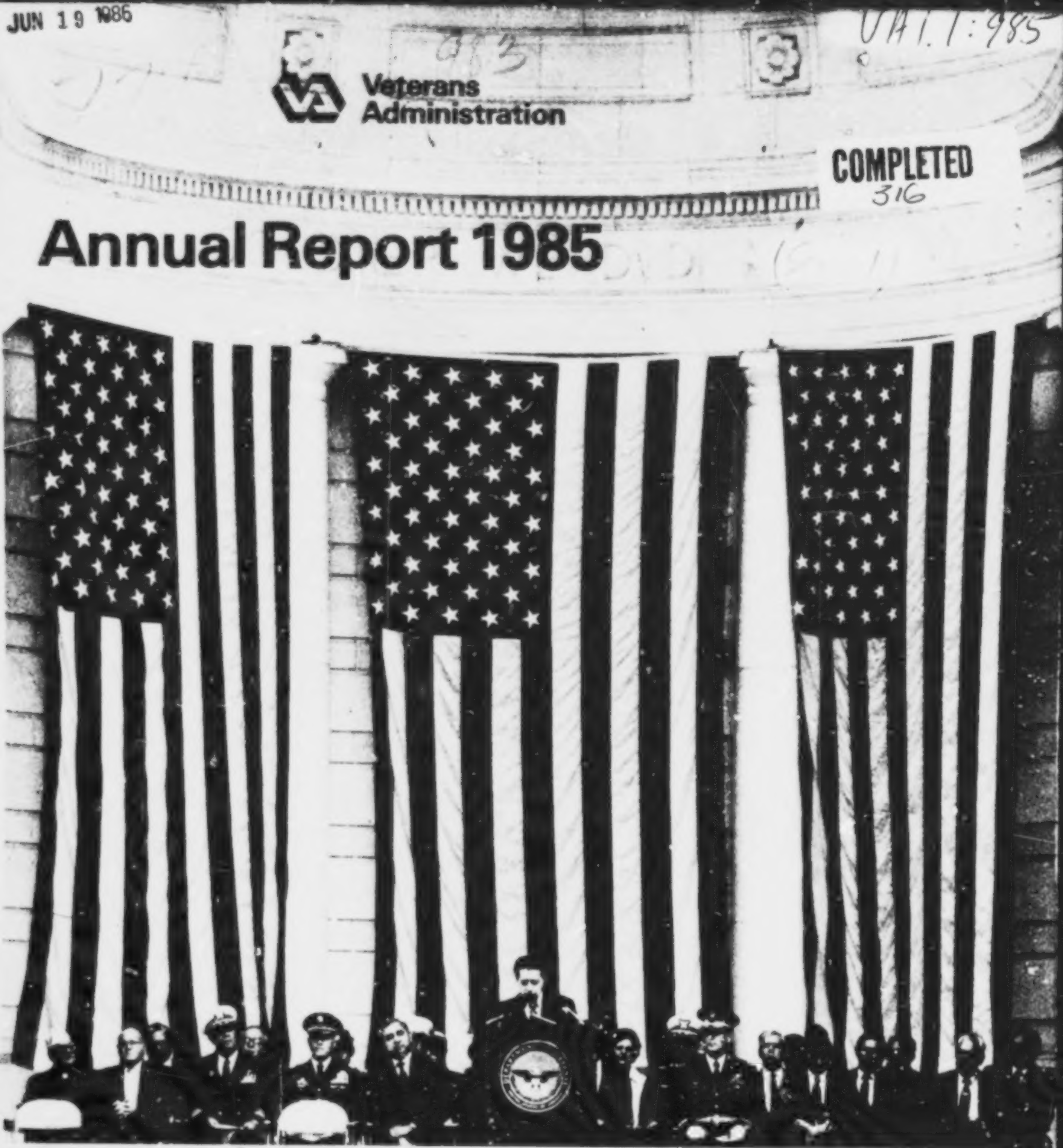
VA1.1:985

983

Veterans
Administration

COMPLETED
316

Annual Report 1985



America is No. 1 - Thanks to our Veterans

Administrator of
Veterans Affairs

ORIGINAL

CDD/

Veterans Administration

Annual Report 1985

America is No. 1 - Thanks to our Veterans

Administrator of
Veterans Affairs

I

BLANK PAGE

Letter of Transmittal

To the President of the Senate and the Speaker of the House of Representatives of the 99th Congress:

In accordance with the provisions of section 214, title 38, U.S.C., I have the honor of submitting a report on the activities of the Veterans Administration for the fiscal year ending September 30, 1985.

The service and sacrifices of America's veterans will never be forgotten. The mission of the Veterans Administration, ''to care for him who shall have borne the battle and for his widow, and his orphan,'' was accomplished through the dedication of Veterans Administration employees throughout the Nation during this past year.

As a record of the commitment of the Veterans Administration, this *Annual Report* describes the many ways in which the Nation's veterans were provided the service and care they so richly deserve.

THOMAS K. TURNAGE
Administrator of Veterans Affairs

BLANK PAGE

Table of Contents

Letter of Transmittal iii

A Brief History of the VA xi

Organization of the Veterans Administration xiv

The VA: An Overview xv

The Veteran

Comparative Highlights 1
Summary 1
Number of Veterans and Period of Service 2
Age of Veterans 2
Geographic Distribution of Veterans 4
Female Veterans 4
Veterans and Their Families 5
Characteristics of Veterans 5
  Education Attainment and Income 6
    All Veterans 6
    Vietnam Era Veterans 7
  Work Experience 7
    All Veterans 7
    Vietnam Era Veterans 7
  Employment Status 7
    War Veterans 7
    Vietnam Era Veterans 7
  Family Income 7
    War Veterans 7
    Vietnam Era Veterans 7

Health Care

Comparative Highlights 9
Summary 9
Types of Care 11
    Hospital Care 11
    Ambulatory Care 11
    Geriatrics and Extended Care 12
    VA Nursing Home Care 13
    Community Nursing Home Care 14
    VA Domiciliary Care 14
    State Veterans Homes 15
    Geriatric Evaluation Units 15
    Hospital Based Home Care 16
    Adult Day Health Care 16
    Palliative Care 16
    Community Residential Care Program 16
    Geriatric Research, Education, and 16
    Clinical Centers (GRECC's) 16
  Medical Care for Dependents 17

Table of Contents — *Continued*

Services 18
  Medical Service 18
  Surgical Service 19
  Mental Health and Behavioral Sciences Service 20
    Vocational Evaluation and Vocational Counseling 21
    Post-traumatic Stress Disorder 21
    Alcohol and Drug Dependence Treatment Programs 21
Readjustment Counseling Service 22
Rehabilitation Medicine Service 22
Spinal Cord Injury Service 23
Blind Rehabilitation Service 23
Audiology and Speech Pathology Service 24
Prosthetic and Sensory Aids Service 24
Agent Orange 25
Health Care for Female Veterans 27
Health Care for Former Prisoners of War 27
Preventive Health Services 29
Neurology Service 29
Nuclear Medicine Service 29
Radiology Service 31
Dentistry 32
Optometry Service 33
Podiatric Service 34
Pathology Service 34
Nursing Service 37
Pharmacy Service 38
Dietetic Service 40
Social Work Service 41
Recreation Service 42
Chaplain Service 42
Veterans Canteen Service 42
Voluntary Service 44
Academic Affairs 45
  VA Health Professional Scholarship Program 45
  Assistance for Health Manpower Training Institutions 45
  Graduate and Undergraduate Education 45
  Fellowships 46
  Interdisciplinary Team Training in Geriatrics 47
  Summer Traineeships 47
  Clinical Nurse Specialist 47
  Nursing Administration Practicum 47
  Geriatric Associated Health Training 48
  Continuing Education 48
  Continuing Education Center 48
  Regional Medical Education Centers 49
  Dental Education Centers 49
  Engineering Training Center 49
  Cooperative Health Manpower Education Program 49
  Patient Health Education/Health Promotion 49
  Library Services 49
  Medical Media Production Services 50
  Learning Resources Production Centers 50
  Education Space and Facilities 50
Research and Development 50
  Medical Research 51
  Rehabilitation Research and Development 52
  Health Services Research and Development 53
  Prosthetics Services, Research and Development 54
Medical Administration 55

Table of Contents — *Continued*

DM&S Reorganization 55
DM&S Executive and Management Development Program 56
Resource Allocation Development 56
Resources Funds 57
Employment 59
Management Systems Service 59
Space Management Program 60
Construction 60
Biomedical Engineering 60
Energy Management Program 61
Engineering Service 62
VA Occupational Safety, Health, and Fire Protection 62
Security Service 63
Building Management Service 63
Emergency Management and Resource Sharing Service 64
Medical District Initiated Program Planning 65
Medical Information Resources Management 66
Quality Assurance 67
Medical District Initiated Peer Review Organization 68
Decentralized Systematic External Review Program 68
Characteristics of VA Patients 68
Age 68
Female Veterans 69
Service-connected Patients and VA Pensioners 70
Diagnoses 70
Duration of Stay 71
Disposition Status 72

Compensation and Pension

Comparative Highlights 73
Summary 73
Compensation 75
Pension 76
Period of Service 77
Vietnam Era 77
Korean Conflict 78
World War II 78
World War I 78
Other Periods 78
Burial Allowance 79

Educational Benefits

Comparative Highlights 81
Summary 81
Education and Training 81
Veterans' Educational Assistance (GI Bill) 81
Post-Vietnam Era Veterans' Educational Assistance 82
All-Volunteer Force and Selected Reserve Educational Assistance Program ("New GI Bill") 82
Noncontributory Educational Assistance Programs 83
Emergency Veterans' Job Training Act of 1983 83
Dependents' Educational Assistance 84
State Approving Agencies 84

Housing Assistance

Comparative Highlights 85
Summary 85
Manufactured Home Loans 86
Plant Inspections 86

Table of Contents — *Continued*

  Manufactured Home Onsite Inspections 87
  Compliance with Warranty 87
  Profile of Manufactured Home Market vs. GI Home Market 88
  Defaults 88
Direct Loans 88
GI Home Loans 88
Credit Market Conditions 89
Funding Operations 89
Specially Adapted Housing Assistance 89
Fair Housing Program 90

Life Insurance

Comparative Highlights 91
Summary 92
Government Administered Programs 92
  United States Government Life Insurance 92
  National Service Life Insurance 93
  Veterans Special Life Insurance 93
  Service Disabled Veterans Insurance 94
  Veterans Reopened Insurance 94
  Total Disability Income Provision 94
Government Supervised Programs 95
  Servicemen's Group Life Insurance 95
  Veterans Group Life Insurance 95
  Veterans Mortgage Life Insurance 96
  Disbursements 96

Veterans Assistance

Comparative Highlights 97
Summary 97
Outreach 98
Elderly Beneficiaries 99
Prisoner of War Outreach Program 99
Other Outreach Efforts 100
Equal Opportunity Compliance 100
Employment Assistance 101
Fiduciary and Field Examination Activity 102
Veteran-Student Services Program 102

Vocational Rehabilitation and Counseling

Comparative Highlights 103
Summary 103
Vocational Rehabilitation 104
  Employment Services 105
  Pilot Programs for Severely Disabled Veterans 105
  Pilot Program of Independent Living Services 106
Educational and Vocational Counseling 106
Veterans' Advisory Committee on Rehabilitation 107

Cemeteries and Memorials

Comparative Highlights 109
Summary 109
Headstones and Markers 110
State Cemetery Grants 112

Administration and Management

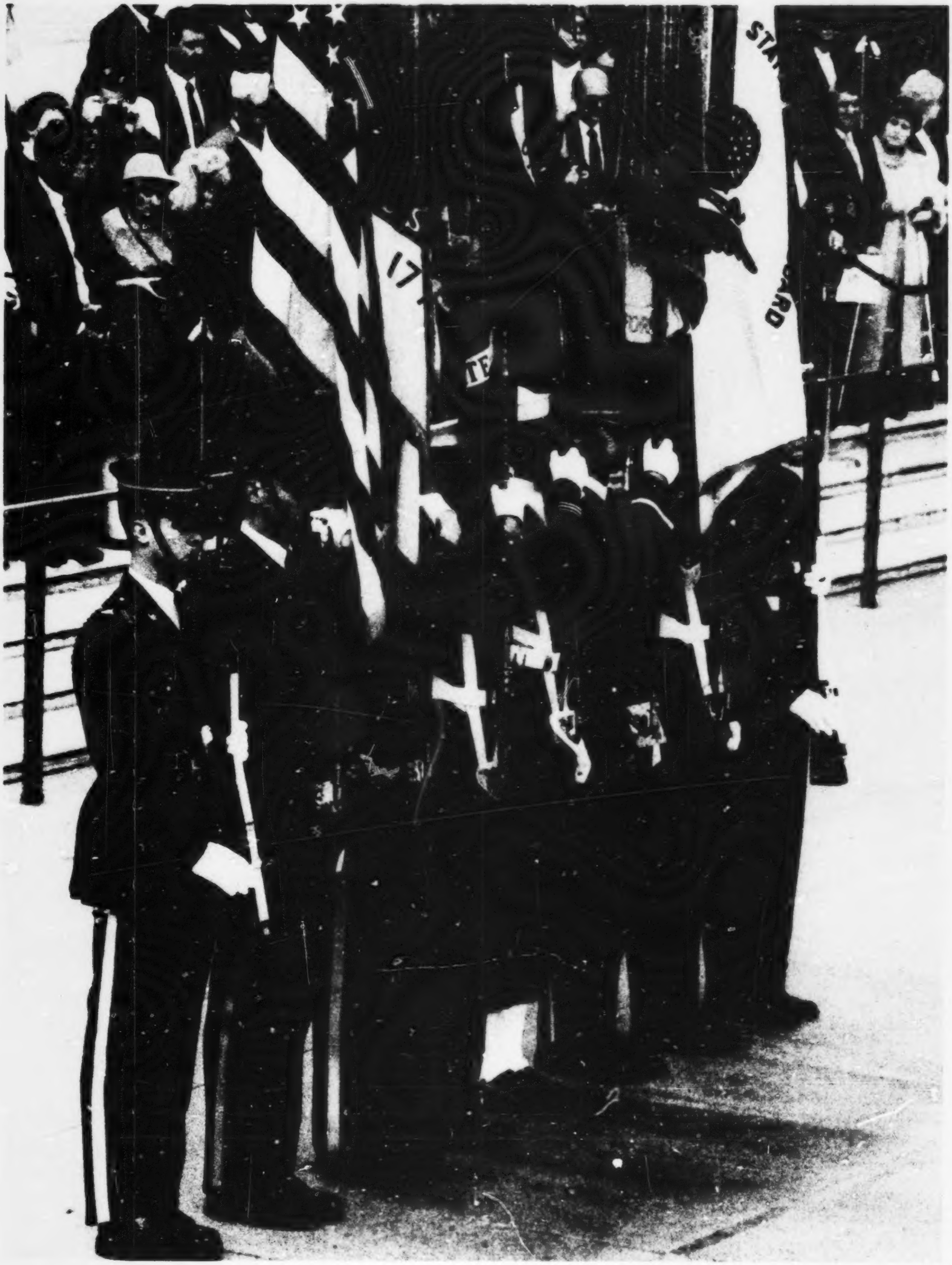
Comparative Highlights 113
Office of the General Counsel 113
  New Legislation 117
Office of Inspector General 119
Office of Budget and Finance (Controller) 121
  Financial Management 121
  Manpower Management 121

Table of Contents — *Continued*

Board of Veterans Appeals 122
Board of Contract Appeals 125
Office of Program Planning and Evaluation 125
Office of Personnel and Labor Relations 126
  Personnel Management 126
  Staffing 128
  Employment of Veterans 128
  Labor-Management Relations 129
  Executive Development and Training 129
  Employee Recognition 129
Office of Equal Employment Opportunity 131
  Affirmative Action 131
  Employment of Minorities and Women 131
  Employment of Handicapped Persons 131
  White House Initiative for Historically Black 132
    Colleges and Universities 132
  Discrimination Complaints 132
Associate Deputy Administrator for Congressional and Intergovernmental Affairs 132
Associate Deputy Administrator for Public and Consumer Affairs 133
Associate Deputy Administrator for Information Resources Management 134
  Office of Data Management and Telecommunications 134
  Office of Information Management and Statistics 138
    Statistical Policy and Research 138
    Reporting Policy and Review 139
    Paperwork Management and Regulations 141
Associate Deputy Administrator for Logistics 144
  Office of Administration 145
    Presidential Memorial Certificate Program 145
    Audiovisuals 145
  Office of Construction 146
    Architect-Engineer Contracts 147
    Construction Contracts 148
    Real Estate and Space Management 148
    Barrier-Free Design 148
    Capital Facilities Study 149
    State Veterans' Homes 149
    Construction Cost Estimating 149
    Construction Research and Development 149
    Value Engineering 150
    Asbestos Abatement 150
    Set-Aside Program for Socially and Economically Disadvantaged Architect-Engineer Firms 151
    Historic Preservation 151
    ADP Initiatives 152
  Office of Procurement and Supply 152
  Office of Small and Disadvantaged Business Utilization 155

Statistical Appendix 157

Index 259



Introduction

A Brief History of the Veterans Administration

Although benefits for war veterans have been provided since the days of the ancient Greek city-states, the pension structure for veterans in the United States is based on the first pension law enacted in England, an Act for the Relief of Souldiours, passed by Parliament in 1593. Following this legal precedent set by England, the early Massachusetts colonists provided benefits to those men injured in military service. In 1636, while at war with the Pequot Indians, the Pilgrims of Plymouth passed a law which provided that "if any man shalbee sent forth as a soldier and shall return maimed, hee shalbee maintained competently by the collonie during his life." Similar laws to provide care for disabled veterans were later passed by other colonies - Virginia in 1644, Maryland in 1661, New York in 1691, and Rhode Island in 1718.

The Continental Congress was familiar with colonial laws and in 1776 sought to encourage enlistments during the Revolutionary War by providing pensions for soldiers who were disabled. Thirteen years later the first United States Congress passed a pension measure which provided that "the military pensions which have been granted and paid by the States respectively...shall be continued and paid by the United States." A treasury surplus in 1817-18 motivated President James Monroe to urge Congress to establish a pension for all Revolutionary soldiers in need. By that time the pension load had become so great that Congress transferred the power to place persons on pension rolls to the Secretary of War. In 1849 this responsibility was moved from the War Department to the Bureau of Pensions in the newly created Department of the Interior.

Early veteran legislation placed emphasis on pensions for veterans. Whatever direct medical and hospital care was given to veterans in the early days of the Republic was provided by the individual states and communities. However, in 1811 the first domiciliary and medical facility for veterans was provided by the Federal Government. In that year Congress authorized the U.S. Naval Home in Philadelphia as a "permanent asylum for disabled and decrepit Navy officers, seamen, and Marines." Medical care was incidental. The home was first occupied in 1833. Some 30 years later a separate hospital building was authorized. It was designated as the Philadelphia Naval Hospital and had a capacity of 130 beds.

When the Civil War began in 1861, Congress authorized pension benefits for Federal volunteers on the same basis as those already provided for members of the regular Army, and in 1862 passed the "general law" pension system for those disabled in the line of duty, and for widows and other dependent relatives of those who died on active duty.

It was in his second inaugural address in March 1865 that President Abraham Lincoln called upon Congress and the American people "to care for him who shall have borne the battle, and for his widow, and his orphan." This has become the motto of the VA.

At the end of the Civil War, the number of disabled veterans, as well as those unable to cope with the economic struggle of civilian life, became so great that

Congress established the National Asylum for Disabled Volunteer Soldiers. In 1893, the word "home" was substituted for "asylum," and the organization, with its individual homes known as branches, provided domiciliary, hospital, and medical care.

In addition to these various "homes" built by the Federal Government, many state homes were established after the Civil War. Since all of these homes provided domiciliary care, incidental medical and hospital treatment was provided for all injuries and diseases, whether or not of service origin. In the years that followed, these homes cared for indigent and disabled veterans of the Civil War, Indian War, Spanish American War, Mexican Border Service, and the discharged regular members of the Armed Forces. All had to have honorable discharges from military service as one of the requirements for admission.

Congress established a new system of veterans benefits when the United States entered World War I in 1917. Included were programs of disability compensation, insurance for servicemen and veterans, a family allotment program for servicemen, and vocational rehabilitation for the disabled.

However, by the 1920's the various benefits were administered in a somewhat inefficient manner by three different Federal agencies—the Veterans Bureau, the Bureau of Pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers. The establishment of the VA (Veterans Administration) came in 1930 when Congress authorized the President to "consolidate and coordinate Government activities affecting war veterans." The three component agencies became bureaus within the VA, and Brig. Gen. Frank T. Hines, who had directed the Veterans Bureau for seven years, was named as the first Administrator of Veterans Affairs, a job he held until 1945.

The present veteran population of nearly 28 million is almost six times the 4.7 million veterans living in America in the VA's founding year. War veterans living today account for 59 percent of all Americans who ever served in war during our two-century history. Eighty-one of every 100 living veterans served during defined periods of armed hostilities. Altogether, 81.5 million persons - veterans, dependents, and survivors of deceased veterans - are potentially eligible for VA benefits and services. This is more than one-third of the Nation's population.

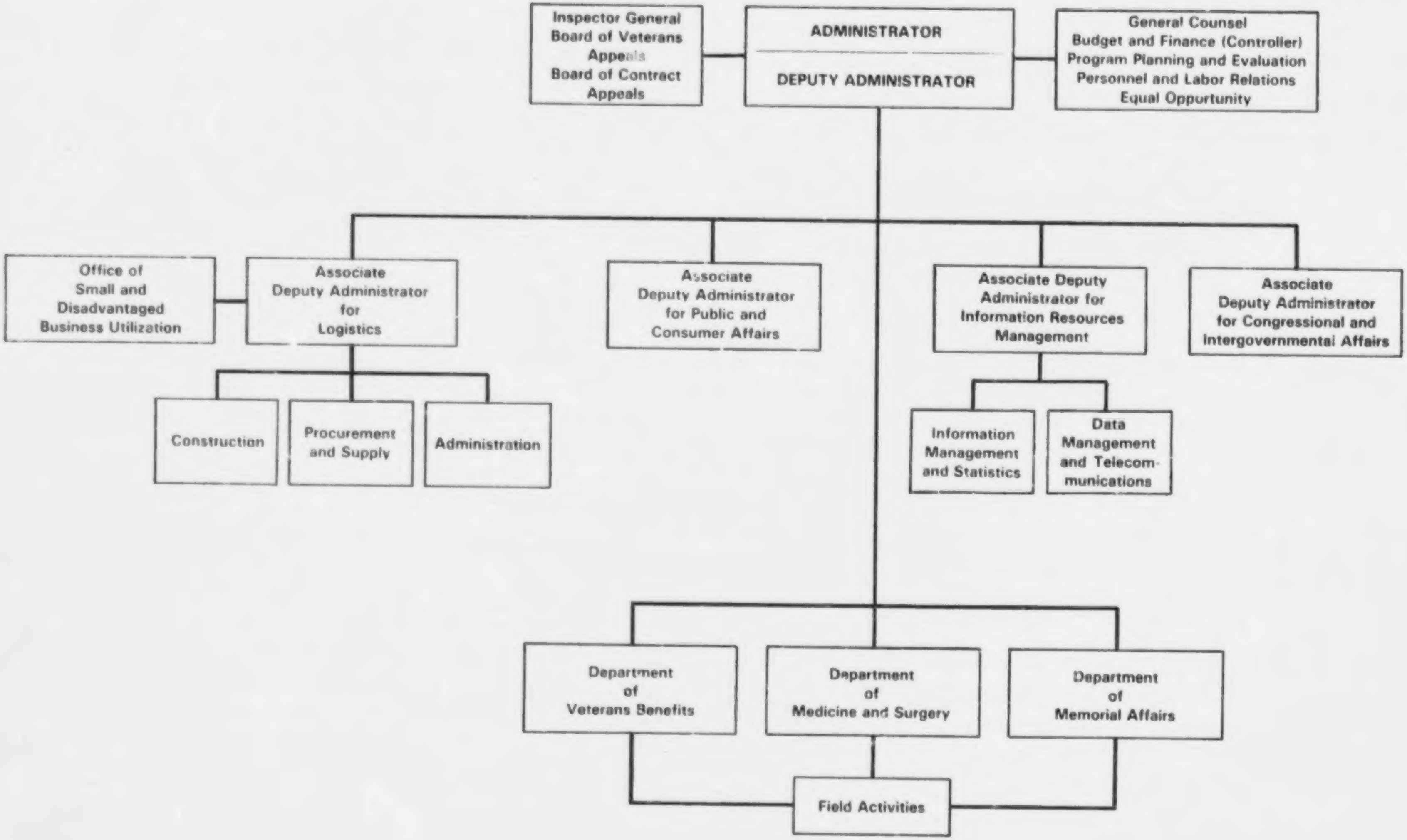
As a result, the responsibilities and the benefits programs of the Agency have grown enormously since the VA was established over 55 years ago. World War II resulted not only in a vast increase in the veteran population, but also in a large number of new benefits enacted by the Congress for veterans of the war. The World War II GI Bill, signed into law June 22, 1944, is said to have had more impact on the American way of life than any law since the passage of the Homestead Act more than a century ago. In the following three decades further educational assistance acts were passed for the benefit of veterans of the Korean conflict and the Vietnam era.

From 54 hospitals in 1930, the VA hospital system has grown to include 172 medical centers, 227 outpatient clinics, and 115 nursing home care units. This forms the Nation's largest medical care system.

In 1973, the Agency assumed another major responsibility when the National Cemetery System (except for Arlington National Cemetery) was transferred to the VA from the Department of the Army, and since that time the Agency's Department of Memorial Affairs has been charged with ensuring that all veterans receive the proper burial that they deserve.

In fiscal year 1985 the VA continued to carry out its mandate, authorized by Congress, to administer the programs and provide the services that are needed by our Nation's veterans and their dependents. Today the VA - comprised of the Department of Medicine and Surgery, the Department of Veterans Benefits, the Department of Memorial Affairs, and staff offices supporting these departments - is among the largest of all the independent Federal agencies, with employment of more than 240 thousand persons and an annual budget of over $26 billion. With these financial and human resources, the VA is currently providing the most comprehensive and diverse benefits programs in its history to those special Americans who have already earned them: our Nation's veterans.

Organization of the Veterans Administration


Inspector General
Board of Veterans Appeals
Board of Contract Appeals
ADMINISTRATOR
DEPUTY ADMINISTRATOR
General Counsel
Budget and Finance (Controller)
Program Planning and Evaluation
Personnel and Labor Relations
Equal Oppurtunity
Office of Small and Disadvantaged Business Utilization
Associate Deputy Administrator for Logistics
Associate Deputy Administrator for Public and Consumer Affairs
Associate Deputy Administrator for Information Resources Management
Associate Deputy Administrator for Congressional and Intergovernmental Affairs
Construction
Procurement and Supply
Administration
Information Management and Statistics
Data Management and Telecommunications
Department of Veterans Benefits
Department of Medicine and Surgery
Department of Memorial Affairs
Field Activities

The VA: An Overview

Organization of the Veterans Administration

The organization of the VA is designed so that veterans, beneficiaries, and their surviving dependents will be provided the best possible service, with the greatest possible effectiveness and economy.

VA programs and operations are directed by the Admininistrator of Veterans Affairs, who is responsible to the President for the administration of veterans' services and benefits and the laws which govern them. Essentially, Agency operations are subdivided by major purpose into three major "departments," the heads of which report to the Administrator through the Deputy Administrator. Agency-level "staff offices" provide staff advice and assistance to the Administrator and department heads.

VA Mission and Goals

The Veterans Administration is the principal advocate for America's veterans. As such, the Agency is committed to providing veterans the care, support, and recognition they have earned in service to this Nation.

A number of broad goals have been developed to serve as standards in carrying out the VA's mission responsibilities. These goals are used by the VA's departments and staff offices to develop program plans and objectives. The goals include:

- providing quality medical care on a timely basis to all authorized veterans,
- providing an appropriate level of benefits to eligible veterans and beneficiaries;
- ensuring that memorial affairs are handled with honor and dignity;
- exercising leadership within the Federal Government to represent the concerns and needs of veterans and their families;
- ensuring excellence in the quality of service provided to America's veterans; and
- providing better services to veterans and their families through the use of modern ADP and telecommunications technology.

Magnitude of the VA Programs

The programs administered by the Veterans Administration have an enormous impact on the lives of millions of Americans. Congress appropriated $26.4 billion in FY (fiscal year) 1985 to ensure that the Agency would provide benefits and services to the Nation's almost 28 million veterans and their dependents. The magnitude of VA programs is evident in the following services rendered by the VA in fiscal year 1985:

- Provided $14.2 billion in compensation and pension payments to 4.0 million veterans and their survivors; $1.1 billion for educational assistance payments to 512,000 trainees; special assistance to disabled veterans; and $126.0 million in burial benefits.
- Guaranteed or insured almost 179,000 loans to veterans. Operated the fifth

VETERANS ADMINISTRATION

MISSION

The mission of the Veterans Administration is to serve America's veterans and their families with dignity and compassion and to be their principal advocate in ensuring that they receive the care, support and recognition earned in service to this Nation.

GOALS

Medical

TO ENSURE *that quality medical care is provided on a timely basis within the law to all authorized veterans.*

Benefits

TO ENSURE *that an appropriate level of benefits is provided within the law to eligible veterans and beneficiaries.*

Memorial Affairs

TO ENSURE *that the memorial affairs of eligible veterans are appropriately provided for and conducted in a dignified manner which recognizes the honorable status of veterans.*

Leadership

TO SERVE *as the leader within the Federal Government on all matters directly affecting veterans and their families and to be their advocate in representing their just needs.*

Human

TO ENSURE *that the people of the Veterans Administration receive quality leadership, adequate compensation, decent working conditions, necessary training and education, equal opportunity, and earned recognition.*

Management

TO PROVIDE *timely, high quality health care, benefits, and services to veterans and their families as efficiently as possible.*

Modernization

TO PROVIDE *better service to veterans and their families through the use of modern ADP and telecommunications technology.*

America is #1 Thanks to our Veterans

largest individual life insurance program in the United States: nearly $155 billion was administered or supervised to over 7.2 million insureds.

- Operated 109 national cemeteries in 40 states and Puerto Rico. Ordered over 224,000 headstones, markers, and niche covers for the graves of eligible decedents at a cost of $12.7 million. Interred over 50,000 eligible veterans and their dependents in national cemeteries.

- Treated 1.4 million inpatients in 172 medical centers and treated an additional 96,000 veterans in non-VA hospitals and extended care homes. Provided over 19.6 million visits for outpatient medical care.

- Provided clinical training to over 100,000 students from affiliated schools in all health care disciplines. Provided nearly 70,339 continuing education episodes to the Department of Medicine and Surgery employees.

- Spent $227 million for medical research, rehabilitation research and development, and other health services research and development. Over 5,800 principal investigators participated in research projects and cooperative studies.

Employment

The energies and talents of over 247,000 full-time, part-time, and intermittent employees were used to carry out the mission of the Veterans Administration. The Agency develops, adapts, and administers progressive personnel policies to ensure that the talents of these employees are used, to accommodate handicapped employees, to make certain that women and minorities are treated fairly, and to award employees who merit special recognition. The VA is recognized as a leader in Government management innovations: it combines the experience of 55 years of managing the Nation's largest medical system and veterans' benefits system with management training programs incorporating the latest methods from government, business, and educational institutions.

At the end of the year, 5 percent of all VA employees were disabled veterans, and 20 percent were Vietnam era veterans.

Approximately 168,000 VA employees are represented by unions. Since FY 1980, four unions have consolidated their local units of recognition within the Veterans Administration. Nearly all unionized VA employees are covered by negotiated agreements.

Budget

Congress appropriated $26.4 billion in FY 1985 to fund benefits and services administered by the VA. This represents an increase of $702 million over FY 1984.

Item	FY 1985	FY 1984	Percent Change
Total appropriations(millions)	$26,387	$25,685	+ 2.7
Benefit programs	15,623	15,889	− 1.7
Medical programs	9,237	8,547	+ 8.1
Construction programs	768	531	+ 44.6
General operating expenses and miscellaneous	759	719	+ 5.6

Monthly compensation and pension benefits paid to some 4.0 million veterans and survivors in FY 1985 totaled $14.2 billion. This is an increase of $196 million over the adjusted appropriation level for FY 1984. The additional resources were required primarily to fund a 3.2 percent rate increase provided to compensation recipients, and a 3.5 percent rate increase for certain pension recipients in December 1984.

The increases in the compensation and pension program were offset by the continued decline of the readjustment benefit education training program and the one-time appropriation of funds ($150 million) for the Emergency Veteran's Job Training Program in 1984.

More than $8.9 billion was appropriated for medical care and treatment of veterans in FY 1985, an increase of $697 million over FY 1984. Medical and prosthetic research efforts to improve the delivery of health care to veterans and to improve the treatment of disabilities and diseases most common to veterans were funded by a $192 million appropriation in FY 1985, a decrease of $26 million from FY 1984. However, by adjusting the 1985 reduced requirement of $49 million for the epidemiology study conducted by the Centers for Disease Control, there is in fact an actual increase of $23 million. In FY 1985, the VA cared for over 1.4 million inpatients and provided 19.6 million outpatient visits.

Over $927 million ($768 million of new budget authority) was included in the two construction programs in FY 1985, including funding for the design and/or construction of five replacement medical centers and six new nursing home care units. Also included in these two appropriations was over $645 million for other construction and improvement projects. The Design Fund was implemented in FY 1985 as a pilot test to shorten the development process of major construction projects by fifteen months, saving construction dollars and providing facilities for veterans' use at an earlier date.

Facilities

The Veterans Administration operates 172 medical centers; 227 outpatient clinics; 115 nursing home care units; 16 domiciliaries; a prosthetic center; a prosthetic distribution center; 58 regional offices, including two insurance centers; 17 VA regional office activities; 109 cemeteries; 3 cemetery area offices; 3 canteen field offices; a canteen finance center; 5 data processing centers; a records processing center; a marketing center; and 3 supply depots. These facilities are located in every State, the District of Columbia, Puerto Rico, and the Philippines.

During FY 1985, two major outpatient additions were completed at Memphis, Tennessee and at Muskogee, Oklahoma. Clinical projects were completed at Danville, Illinois; Oklahoma City, Oklahoma; Long Beach, California; and Philadelphia, Pennsylvania. Nursing Home Care projects were completed at Boise, Idaho; Dallas, Texas; Denver, Colorado; Fresno, California; Kerrville, Texas; Lake City, Florida; Marion, Illinois; Spokane, Washington; Tampa, Florida; Washington, D.C.; and West Los Angeles, California. An elevator project at Atlanta, Georgia; an electrical deficiencies project at Lake City, Florida; a supply depot project at Chicago (Hines), Illinois; a research project at Mountain Home, Tennessee; eight national cemetery projects and a Department of Veterans Benefits building were also completed. Two hundred and ten other construction projects were also completed, as well as nine hundred and twenty-eight nonrecurring maintenance and repair projects.

The Veteran

Comparative Highlights

Period of Service	Veteran Population 9 30 84 (revised)	Net Separations from the Armed Forces	Deaths in Civil Life	Veteran Population 9 30 85	Percent Change in Veteran Population	Females	
						Number	Percent of Total Veteran Population
Total Veterans[1]	28,015,000	236,000	413,000	27,839,000	0.6	1,168,000	4.2
Wartime Veterans[1, 2]	22,751,000	45,000	380,000	22,416,000	-1.5	722,000	3.2
Vietnam era Total	8,253,000	45,000	26,000	8,271,000	+0.2	263,000	3.2
With no Korean conflict service	7,608,000	43,000	17,000	7,634,000	+0.3	251,000	3.3
With Korean conflict service	644,000	2,000	9,000	637,000	-1.1	11,000	1.7
Korean conflict Total	5,232,000	2,000	62,000	5,172,000	-1.2	116,000	2.2
With no World War II or Vietnam era service	3,864,000	0	36,000	3,828,000	-0.9	89,000	2.3
With World War II service only	1,020,000	0	23,000	997,000	2.3	21,000	2.1
With Vietnam era service only	348,000	2,000	3,000	347,000	0.3	5,000	1.4
World War II Total	10,683,000	0	284,000	10,399,000	-2.7	368,000	3.5
With no Korean conflict service	9,663,000	0	261,000	9,402,000	-2.7	347,000	3.7
With Korean conflict service	1,020,000	0	23,000	997,000	-2.3	21,000	2.1
World War I	248,000	0	40,000	208,000	-16.1	8,000	3.9
Peacetime Total	5,265,000	191,000	33,000	5,423,000	+3.0	446,000	8.2
Service between Korean conflict and Vietnam era only	3,037,000	0	15,000	3,022,000	0.5	85,000	2.8
Post Vietnam era	1,819,000	191,000	3,000	2,007,000	+10.3	234,000	11.7
Other Peacetime[3]	409,000	0	15,000	394,000	3.7	127,000	32.2

NOTE: These data represent the number of veterans living in the U.S. and Puerto Rico. Detail may not add to totals due to rounding.

[1] Not included are 12 Spanish-American War veterans and 75 Mexican Border period veterans.

[2] Comprised of Vietnam era with no Korean conflict service, Korean conflict with no World War II or Vietnam era service, Korean conflict with Vietnam era service only, World War II total, and World War I.

[3] Includes veterans who served either between World War I and World War II only, or between World War II and the Korean conflict only.

Summary

Since our Nation's involvement in the first of ten major armed conflicts over the past two centuries, more than 38 million men and women have served their country during wartime periods. Of these ex-service personnel, 90 percent have served in one or more of the four major conflicts during the 20th century. There were 27.8 million veterans living in the U.S. and Puerto Rico at the end of FY 1985; 22.4 million of these were veterans who served only during wartime.

The number of veterans in civil life at the end of September 1985 excludes 319,000 former military personnel whose only active service took place after September 8, 1980, if such persons failed to satisfy the minimum service requirement (usually two years). After the Congress enacted Public Law 97-66, section 3103A of title 38 was added to the United States Code. While this section of the law does not deprive individuals of their veteran status if they do not meet the minimum service requirement, it does severely restrict the veterans benefits to which they are entitled.[1] Since veteran population statistics may be used primarily for planning purposes that relate to specific programs, this special subgroup of the veteran total has not been included because these veterans are generally not eligible for medical care education benefits, home loans, or most of the other major programs administered by the VA.

Number of Veterans and Period of Service

The veteran population of the United States and Puerto Rico numbered 27,839,000 as of September 30, 1985. This figure was 177,000 below the FY 1984 total as the number of deaths (413,000) in civilian life continued to outnumber veteran separations (236,000) from the Armed Forces.

World War II veterans, numbering 10,399,000 at the end of FY 1985, remained the largest subgroup of former military personnel as they accounted for 37 percent of the total veteran population. Deaths among this group of veterans amounted to 284,000 during the fiscal year and accounted for more than three of every five veteran deaths during the period. The second largest component consisted of veterans from the Vietnam era, 8,271,000; they comprised 30 percent of the overall veteran count. Veteran survivors of the Korean conflict totaled 5,172,000 (19 percent) at the end of FY 1985, and World War I veterans 208,000 (1 percent). Nearly 5.5 million veterans served only during peacetime periods. Collectively, this subgroup of veterans accounted for 19 percent of the overall veteran count. Peacetime veterans consisted of 3,022,000 veterans who served only between the Korean conflict and Vietnam era, 2,007,000 who served only during the post Vietnam era (after May 7, 1975), and another 394,000 who served either only between World War I and World War II or only between World War II and the Korean conflict.

Age of Veterans

The median age of the 27.8 million living veterans at the end of FY 1985 was 52 9 years. Veterans under 45 years old constituted 35 percent of the total, while those 45-64 years of age made up 47 percent. Veterans 65 years old and over accounted for 18 percent of the overall veteran count, representing a two-percent increase over the figure recorded one year earlier and reflecting the advancement of World War II veterans into this oldest age range.

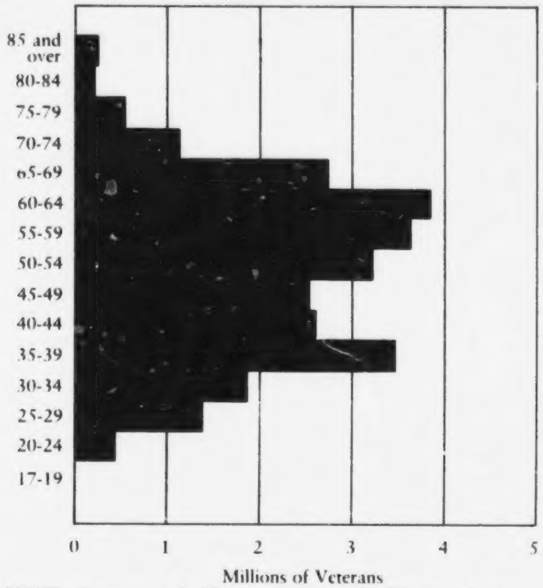
As a group, post-Vietnam era veterans constituted the youngest segment of the veteran population with a median age of 27.8 years on September 30, 1985. This group was followed by veterans who served only during the Vietnam era, averaging 38.3 years old. The oldest sector of the veteran population was the Spanish-American War veterans. The median age of the living veterans of this war period was 103 years. World War I veterans had a median age of 89.0 years, while the average age for veterans who served during World War II was 64.2 years.

Male veterans constituted 32 percent of all civilian males 17 years old and over at the end of FY 1985. Our country's involvement in the four major armed conflicts during the century clearly reflects the manner by which this proportion varies by age. Among those veterans 60-64 years old, nearly three of every four males in the general civilian population were veterans, evidence of the extent of our participation in World War II. Within the oldest segment of the population (85 years old and over), about three of every ten civilian males were veterans, representative of our participation in World War I.

---

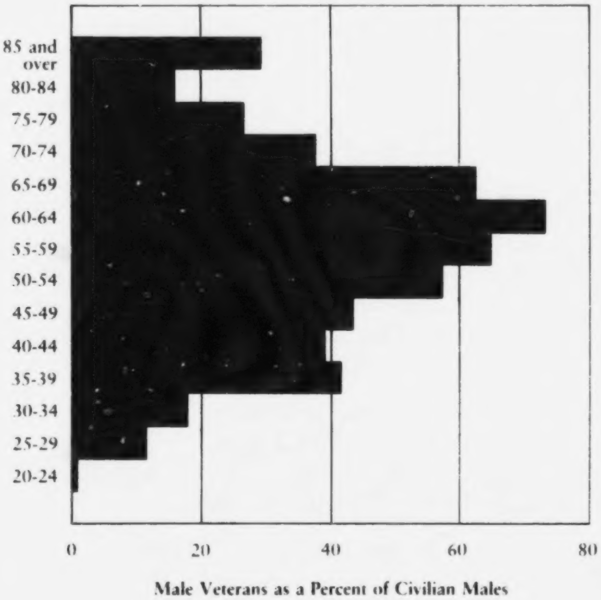
[1] *This legislation does not apply to veterans who served the full period for which they were called or ordered, who were discharged or released for a line-of-duty disability, who have a compensable service-connected disability, or who were discharged or released under sections 1171 or 1173 of title 10.*

ESTIMATED VETERAN POPULATION BY AGE SEPTEMBER 30, 1985



NOTE: Approximately 500 veterans are under 20 years of age.

VETERANS AS A PERCENT OF ALL CIVILIAN MALES, BY AGE SEPTEMBER 30, 1985



NOTE: Under 20 years of age is less than 0.05 percent.

BEST COPY AVAILABLE

Geographic Distribution of Veterans

At the end of September 1985, eight States accounted for nearly one-half (48 percent) of all veterans in civilian life. California, with a veteran count of 2,918,000, was the only State to record a veteran total close to 3 million. New York (1,912,000) and Texas (1,772,000) were ranked second and third, respectively, in veteran population size. Following in order were five other States that recorded veteran population totals in excess of one million—Pennsylvania (1,555,000), Florida (1,449,000), Ohio (1,330,000), Illinois (1,292,000), and Michigan (1,049,000).

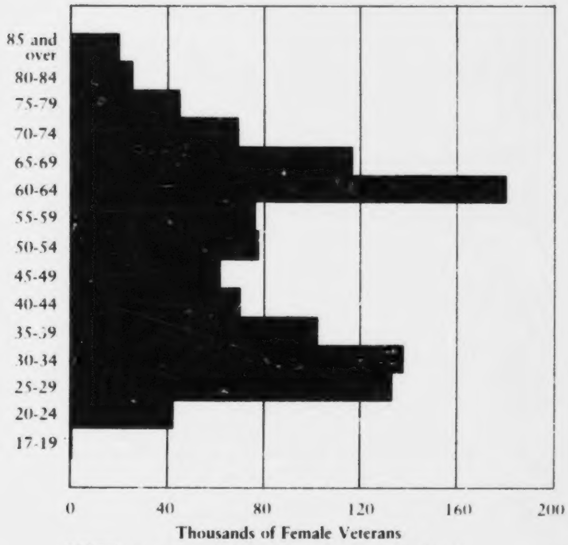
Since veteran deaths outweigh separations from the Armed Forces in every State, the veteran population is increasing in only those jurisdictions with sizable in-migration. The Sunbelt States continue to maintain their attractiveness in this regard, with Florida, Texas, and Arizona showing the most significant gains during the last year.

Female Veterans

On September 30, 1985, the number of female veterans living in the U.S. and Puerto Rico was estimated at 1,168,000, or 4.2 percent of the overall veteran population count. This sector of the veteran population continues to grow at a slow pace.

The age structure of the female veteran population was significantly different from that of male veterans, in spite of the fact that their median ages were just one year apart (52.0 years and 52.9 years, respectively). The distribution of female veterans was more clustered towards the lower and upper age ranges with women under 45 years old representing 42 percent, and those at least 65 years old, 24 percent. Females 45 to 64 years old represented 34 percent of all veterans in civilian life.

ESTIMATED FEMALE VETERAN
POPULATION BY AGE
SEPTEMBER 30, 1985



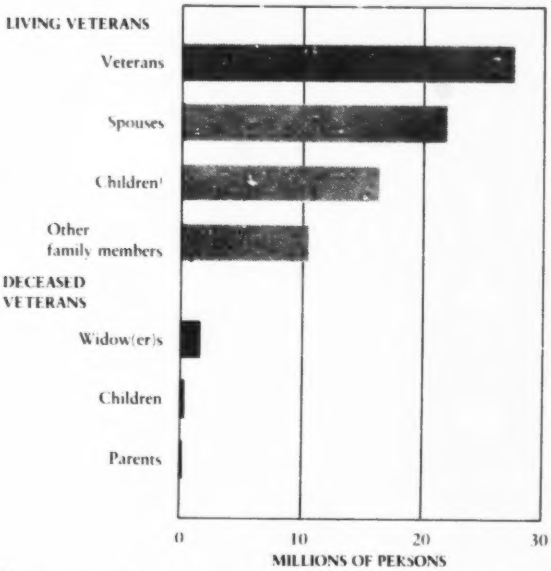
NOTE: Less than 100 female veterans are under 20 years of age.

The distribution of the female veteran population by period of service was also very different from that of male veterans. Since females' involvement in the military has increased greatly in recent years, a larger portion of female veterans (20 percent) than of male veterans (7 percent) served only during the peacetime period following the Vietnam era, i.e., only after May 7, 1975. As a whole, peacetime veterans comprised nearly twice as large a share of female (38 percent) as male veterans (18 percent). World War II veterans remained the largest single group of the female veteran population with 368,000 veterans (32 percent) in civilian life at the close of FY 1985. Female veterans from the Vietnam era made up the second largest sector (263,000), representing 22 percent of the total female veteran count.

Veterans and Their Families

Living veterans account for just a portion of those persons potentially eligible for VA benefits and services. The 27.8 million veterans living on September 30, 1985, had an estimated 22 million spouses, 16.9 million dependent children 18 years old or younger, and 10.5 million parents and children over 18 years old who were unable to support themselves. Although only a small portion of these dependents are likely to receive benefits directly from the VA at any time in the near future, benefits paid to veterans indirectly affect the socioeconomic well-being of a large number of these dependents. In addition to dependents of living veterans, the survivors of deceased veterans numbered 2.1 million at the end of FY 1985. Included in this number were 1.8 million widows and widowers, 188,000 surviving children, and 75,000 dependent parents. The total of all potential beneficiaries is roughly 79.3 million, or one-third of the entire resident population of the United States.

VETERANS AND THEIR FAMILIES
SEPTEMBER 30, 1985



[1] *Number of own children under 18 years of age or unable to support themselves.*

Characteristics Of Veterans

Data on various socioeconomic characteristics of male[1] veterans and nonveterans are obtained from the CPS (Current Population Survey) through a contract agreement with the Bureau of the Census and with the approval of the Department of Labor, the survey's sponsor. Data from the CPS include educational attainment, income, work experience, school enrollment, and employment status.

---

[1] *During FY 1984 only male members of households included in the Current Population Survey were asked if they had ever served in the Armed Forces. The Bureau of the Census is in the process of phasing women veterans into the survey, but socioeconomic data for veterans of both sexes will not be available until calendar year 1986.*

Educational Attainment and Income

All Veterans

There were 76.9 million males aged 20 years and over in the civilian noninstitutional population of the United States in March 1985. Twenty-seven million, two hundred thousand of these were veterans, and their median education level was 12.7 years; their 49.7 million nonveteran counterparts also had a median educational level of 12.7 years.

Population Group	Noninstitutional Population (Millions)	Percent of Total
War veterans	21.9	28.5
Peacetime veterans (Post-Vietnam era and service between Korean conflict and Vietnam era only)	5.3	6.9
Nonveterans	49.7	64.6
Total	76.9	100.0

Seventy-seven percent of the war veterans, all of whom were 25 or more years old, had completed the requirements for a high school diploma or its equivalent. Eighty-five percent of the peacetime veterans and 73 percent of the nonveteran males aged 20 and older also had high school diplomas or the equivalent. About 21 percent of the male war veterans and nonveterans had completed college, while 20 percent of the peacetime veterans had done so.

Higher education is associated with increased earnings, as can be seen in the median incomes of both veterans and nonveterans in calendar year 1984. Differences in median incomes and progressively higher education levels are substantial, as demonstrated in the following table:

Attained Level of Education	Median Income in (1984)	
	Veterans	Nonveterans
No high school	$ 9,830	$ 7,750
Some high school	13,890	10,120
High school graduate	19,540	15,230
Some college	23,290	14,120
College graduate	34,540	26,410

Differences between veterans' and nonveterans' median income may be largely explained by variances in their age distributions. If the nonveterans' age distribution is made to conform with that of veterans, differences in income are reduced considerably.

An exception to the rule that more education results in more income appears in the table for nonveterans with some college. Their median income was $1,110 lower than that of nonveteran high school graduates who had gone to college. This can be traced to the fact that the average age of nonveterans with some college is much lower than that of nonveteran high school graduates, and these younger nonveterans have less work experience and less job seniority. Additionally, a greater proportion of the nonveterans with some college were still attending classes during most of the year, limiting their income potential.

The median income of veterans was higher than that of nonveterans at every educational level.

Vietnam Era Veterans

Male Vietnam era veterans 25 to 44 years old had a median educational level of 13.1 years and a median income of $23,980 in calendar year 1984. Nonveteran males of similar age had a median educational level of 13.0 years, but a median income of only $19,470. Comparison of the distribution of educational attainment for Vietnam era veterans and nonveterans 25 to 44 years old shows that 93 percent of the Vietnam era veterans had completed high school while 83 percent of similar-aged nonveterans had done so. Despite the greater proportion of high school graduates among veterans, the percentage who had completed college was higher for nonveterans (24 percent for Vietnam era veterans; 30 percent for nonveterans 25 to 44 years old).

Work Experience

All Veterans

About four out of five male veterans and nonveterans aged 20 years and older worked during calendar year 1984. Seventy-nine percent of the 21.1 million working veterans and 72 percent of the 40.2 million working nonveterans worked throughout the year, either full-time or part-time. Ninety-two percent of the veteran workers and 89 percent of the nonveteran workers held full-time jobs for all or part of the year.

Vietnam Era Veterans

Ninety-six percent of all noninstitutionalized male Vietnam era veterans 25 to 44 years of age worked during calendar year 1984. Eighty-two percent of the 6.5 million male Vietnam era veterans had year-round employment. In the group of similar-aged male nonveterans, 94 percent worked during the year, and nearly four-fifths of these working nonveterans worked year-round.

Employment Status

War Veterans

In FY 1985, the unemployment rate for male war veterans averaged 4.7 percent, or 0.7 of a percentage point lower than the FY 1984 rate. Nonveteran males had an average unemployment rate of 7.9 percent during the fiscal year; this was 0.9 of a percentage point lower than their FY 1984 unemployment rate.

Vietnam Era Veterans

An average of 7.4 million Vietnam era veterans were in the labor force in FY 1985. The average number of Vietnam era veterans unemployed during the fiscal year was 405,000, resulting in an average unemployment rate of 5.4 percent for the fiscal year, 0.9 of a percentage point lower than in FY 1984.

Family Income

War Veterans

The number of families headed by male war veterans was estimated to be 17.1 million in 1985, and their median family income for 1984 was $32,100. Families headed by nonveterans of comparable age, 25 years and older, had a median family income of $28,330 that year. In 55 percent of the families, whether headed by war veterans or nonveterans aged 25 and older, the wives also worked. Among those families headed by war veterans, the wife's earning increased the median family income to $38,100, compared with a median family income of $25,280 for families in which the wife did not work. When looked at by five-year age groups, the median income of families headed by 25-29 year-old male war veterans was $27,010 and rose to $29,340 in families headed by veterans aged 30 to 34. The median family income for families headed by veterans aged 35 to 59 was above $37,000. The median family income was $28,580 for families whose veteran head was aged 60 to 64; $22,800 for those headed by veterans aged 65 to 69; and $18,860 for those whose family head was 70 years and over. Approximately 8 percent of the 17.1 million families headed by male war veterans had a family income below $10,200, the 1984 poverty level for a nonfarm family of four. This compares with approximately 11 percent for families headed by nonveterans aged 25 years and older.

Vietnam Era Veterans

There were 5.1 million families in the United States headed by male Vietnam era veterans under 45 years of age in March 1985. Their median family income in 1984 was $34,120, compared with $31,510 for families headed by male nonveterans of similar age. Wives worked in nearly seven out of ten families headed by Vietnam era veterans; these families had a median income of $37,000 compared with $28,260 for veteran-headed families in which the wife did not work outside the home. A smaller proportion (5 percent) of the families headed by male Vietnam era veterans had incomes below the $10,200 poverty level than did families headed by all male war veterans (8 percent).

BLANK PAGE

Health Care

Comparative Highlights

Item	FY 1985	FY 1984	Percent Change
Facilities at end of year			
Medical centers	172	172	-
Hospital care	(172)	(172)	-
Outpatient care	(172)	(172)	-
Nursing home care	115	106	+8.5
Domiciliary care	15	15	-
Independent or satellite clinics	53	53	-
Independent domiciliary	1	1	-
Employment (net full-time equivalent)	202,630	199,242	+1.7
Obligations (millions)	$9,259	$8,582	+7.9
Medical care	8,936	8,301	+7.6
Research in health care	227	190	+19.5
Medical administration and miscellaneous operating expenses	66	66	-
Other medical programs	30	25	+20.0
Inpatients treated	1,435,455	1,411,834	+1.7
VA facilities	1,339,270	1,320,269	+1.4
Hospitals	1,305,702	1,290,029	+1.2
Nursing homes	20,442	17,187	+18.9
Domiciliaries	13,126	13,053	+0.6
Other facilities	96,185	91,565	+5.0
Average daily inpatient census	99,915	102,367	-2.4
VA facilities	74,845	78,390	-4.5
Hospitals	59,310	63,094	-6.0
Nursing homes	9,556	9,060	+5.6
Domiciliaries	5,979	6,236	+4.1
Other facilities	25,070	23,977	+4.6
Outpatient medical visits	19,600,849	18,616,073	+5.3
VA staff	17,789,582	16,935,050	+5.0
Fee basis	1,811,267	1,681,023	+7.7

Summary

The Department of Medicine and Surgery continues to provide quality care to an ever increasing number of patients. During FY 1985, 1,435,455 inpatients were treated in VA medical care facilities and other non-VA facilities under VA auspices. This was an increase of 1.7 percent from FY 1984. There were 19,600,849 outpatient visits, an increase of 5.3 percent over FY 1984. The increase in outpatient visits reflects a trend toward providing care in the most efficient manner. Patient care demands were met through a full-time equivalent employment level of 202,630, and budget obligations of $9.3 billion. Over 83,000 volunteers provided 12.2 million hours of service to augment the VA's resources. A 428-bed replacement hospital and 60-bed nursing home care unit were opened in Seattle, Washington, and twelve other nursing home care units were activated.

In addition to providing basic health care services in the areas of medicine, surgery, and psychiatry, the VA is consistently adding new programs and technologies to meet the needs of its veteran patients. For example, preventive health programs were implemented in FY 1985 based on areas of high mortality and morbidity, such as influenza immunization, smoking cessation, hypertension, and physical fitness. A National Center for Stress Recovery opened at the VAMC (VA Medical Center) Cleveland, Ohio, to provide clinical care for veterans in its medical district and enhance the VA's education and research activities on post-traumatic stress disorder. Three nationwide reference laboratories for AIDS (Acquired Immune Deficiency Syndrome) were also established.

The VA continues to place emphasis on the care of the aging veteran, the female veteran, and ex-POW's (Prisoners of War). Many services have established special training programs to focus on the care of geriatric patients: Nursing Service initiated a Gerontologic Nurse Fellowship Program for doctoral candidates in nursing; Optometry Service established training programs for field staff in geriatric care; and Dental Service was the winner of the 1985 Geriatric Dental Health Care Award for its two-year dental geriatric program. A Coordinator of Women Veterans has been appointed at each VA medical center to serve as an advocate for women veterans and to facilitate their entry into the VA system. The National Ex-POW Educational Conference was held this year to update field personnel regarding this group's special needs.

DM&S also strives to provide the best care possible in the most efficient and cost-effective manner. The Office of Quality Assurance was established this year to provide an expanded emphasis on quality of patient care throughout the VA. In keeping with private sector trends, resources are now allocated according to workload using DRG's (diagnosis related groups) for inpatients and RUG's (resource utilization groups) for extended care patients. The VA developed its target allowances for FY 1986 based on three new resource allocation models — acute inpatient, long-term, and ambulatory.

VA researchers continue to receive numerous national and international awards and honors for their research endeavors, including one of the first Presidential Awards for Design Excellence for support of the Seattle Foot project. With high priority given to studies of the aging process and of diseases that affect the elderly, more than 300 VA investigators are conducting 400 aging-related research projects such as those concerning Alzheimer's and other neurological disorders, immune system function in aging, osteoporosis, and blood pressure regulation. Other areas of research include schizophrenia, alcoholism, and spinal cord injury.

The Department of Medicine and Surgery conducts the largest coordinated health professional education and training effort in the Nation. Each year over 100,000 students receive some or all of their clinical training in VA facilities through affiliation with over 1,000 educational institutions. In FY 1985 the VA supported approximately 8,000 full-time medical residency positions and 328 dental residency positions. Extensive training is also provided to DM&S employees. The VA has established numerous training programs of its own, such as Interdisciplinary Team Training in Geriatrics and the Nursing Administration Practicum. The Regional Medical Education Centers, Dental Education Centers, and Engineering Training Center all provide courses for DM&S employees. In addition, the 174 VA health care facility libraries and Central Office Library support the information and education needs of patients and VA staff.

With the completion of the installation of DHCP (Decentralized Hospital Computer Program) equipment to run initial (admission/discharge/transfer, scheduling and outpatient pharmacy) and full (outpatient pharmacy and laboratory) core, almost all of the VA medical centers are running the initial core software and have begun to use the full core programs. Modules have been developed for dietetics, radiology, and mental health.

Twenty-two active SIUG's (Special Interest User Groups), consisting of VA medical center specialists, Information System Center Programmers, and Central Office program coordinators, are developing modules for such areas as nursing, surgery, and social work. Pilot Decentralized Medical Management Systems, which provide clinical and administrative information for hospital management, are being tested in several medical care facilities. DHCP is proving to be an effective tool for both the clinical and administrative management of the VA medical care facilities.

Types of Care

Hospital Care

A total of 1,305,702 patients were treated in the 172 VA medical centers during FY 1985. This averaged to a daily census of 59,310, including 673 one-day dialysis patients. This is an increase of 1.2 percent in the number of patients treated, while daily census decreased by 6.0 percent. The decrease in census with the treatment of more patients is a continuing trend in the VA. The average length of stay has also been decreasing. In FY 1985 the average length of stay was 23.4 days for all patients, down 1.6 days from FY 1984. The length of stay for short-term patients, those with stays less than 100 days, was 13.8 days, one-half of a day less than in FY 1984.

Of the patients treated, 552,399 were cared for in medical bed sections with an average length of stay of 23.2 days; 324,162 patients were cared for in surgical bed section with an average length of stay of 13.0 days; and 183,667 patients were cared for in psychiatric bed sections with an average length of stay of 43.2 days. The number of beds in these sections is 39,339 medical beds, 15,952 surgical beds, and 23,066 psychiatric beds. Additionally, there were 245,474 one-day dialysis patients during FY 1985, who are not included in these figures.

Ambulatory Care

Ambulatory care continued to play a vital role within the Veterans Administration's commitment to optimize the health care available to eligible veterans. In keeping with this goal, the VA considers it important that the most appropriate level of care be used consistent with the medical needs of veterans; for many, this is ambulatory care. In FY 1985, there were nearly 18 million outpatient medical visits provided by the VA staff at 226 facilities, and nearly 2

Ambulatory Surgery - Los Angeles Outpatient Clinic, Los Angeles, California

BEST COPY AVAILABLE

million visits made to private physicians which were authorized on a fee-for-service basis.

The upgrading of the physical facilities of VA outpatient clinics continued with the completion of construction, renovation, and improvement projects. These involved the expansion of available outpatient space, the inclusion of new services, and improvement of patient flow.

Geriatrics and Extended Care

The phenomenon known as the graying of America has been well documented. The impact of that phenomenon upon our Nation's resources and our society is beginning to be recognized.

For the Veterans Administration, the challenge of providing services to large numbers of aged is at hand, and the proportion of the population which is elderly is increasing much more rapidly in the veteran population than in the general population. Within five years the proportion of veterans 65 years old and older will be double that of the general population; by the year 2000 this proportion will be triple.

The VA is aware of the special opportunity it has as a result of the aging of its client population. VA researchers and clinicians continue to be leaders in the fields of gerontology and geriatrics—the study of aging and the care of the aging members of a population, respectively.

The VA's gerontology research and training programs are primary national resources preparing physicians and other health workers to address the health-related problems of the aging. Special projects and individual VA medical center initiatives have developed, tested, and implemented a variety of innovative health care programs for meeting the needs of older persons in both institutional and community settings, often in cooperation with non-VA caregivers, educators, and researchers.

The Veterans Administration always shows concern for our Nation's aging veterans.

In its continuing effort to enhance health care delivery and to make its own efforts and programs more effective, the VA interacts with a wide range of other public and private sector agents. Advice regarding aging veterans' issues is solicited from the VA's Geriatrics and Gerontology Advisory Committee, a Congressionally mandated committee charged with addressing aging veterans' health care matters. The committee is composed of national and international experts in geriatrics and gerontology with considerable knowledge and experience in geriatric research, education, and clinical care.

The VA participated in a major planning effort for long-term care during FY 1985. The VA and the American Health Planning Association cosponsored a major national working conference entitled "The Complex Cube of Long-Term Care." The conference was attended by more than 1,200 health planners, providers, administrators, and consumers. VA and non-VA professionals were able to exchange ideas and concerns regarding long-term care and to consider the potential of collaborative planning activities from a variety of perspectives.

Experience has shown that older veterans using the VA health care system tend to have more hospital admissions than do younger VA users. This pattern of higher admission rates among the aged is also found in the general population. Also, older people experience a different mix of diseases and conditions than do younger people. Such conditions as coronary and circulatory systems diseases, respiratory diseases, neoplasms, and organic brain syndromes are more prevalent in people over 65.

These kinds of diseases, which initially require acute care, tend to be chronic, progressive, and degenerative in nature; the damage caused is often permanent, requiring rehabilitation and/or long-term care. Older individuals often have more than one chronic condition, further complicating their clinical management and increasing the demands made on their source of care.

In addition to affecting inpatient hospital care, the aging veteran population also has an effect on outpatient care.

Other important programs offering a range of services to aging veterans are in the area of extended care. The VA's extended care programs encompass a broad spectrum of care for veterans of all ages who need such care. This range of programs, in addition to extended hospital care (intermediate care) and outpatient care, included the following: nursing home care, which has three components — the VA's own nursing home care program, the community (contract) nursing home care program, and the State home nursing home care program; the domiciliary programs of both the VA and the States; geriatric evaluation units; the hospital based home care program; adult day health care program; palliative care; and the community residential care program.

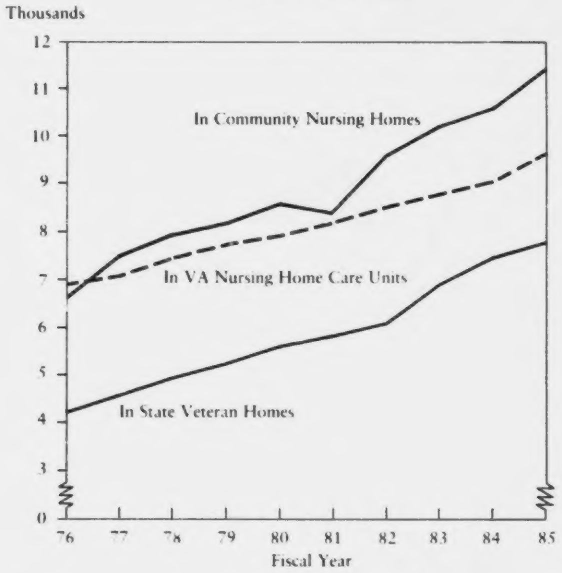
As is the case with other health care programs in the Nation, the VA is increasing the number and diversity of non-institutional extended care programs. The purpose of these programs is to facilitate independent living by making available to veterans the appropriate sustaining medical and social services.

VA Nursing Home Care

The nursing home care units located in VA medical centers provide skilled nursing care and related medical services, as well as opportunities for social, recreational, and spiritual activities. Nursing home patients typically require a prolonged period of nursing care and rehabilitation services.

In FY 1985, 20,442 veterans were treated in VA nursing homes, which had an average daily census of 9,556. The average age of the veterans in VA nursing homes on census day (September 30, 1985) was 70.4 years; 67.5 percent were 65 and over, and their average length of stay was 2.5 years. Approximately 35.9 percent were receiving compensation for service-connected conditions and 26.4 percent were receiving VA pensions. The trend toward the increased provision of nursing home care by the VA is shown in the accompanying chart.

Nursing home care units which were activated in FY 1985 are located at VA Medical Centers Boise, Idaho; Dallas, Texas; Denver, Colorado; Fresno, California; Kerrville, Texas; Lake City, Florida; Marion, Illinois; Portland (Vancouver) Oregon; Spokane, Washington; Tampa, Florida; Washington, D.C.; and West Los Angeles, California.



NURSING HOME CARE
Average Daily Census

Community Nursing Home Care

Community nursing home care is a contract program for veterans who require intermediate nursing care in making the transition from a hospital to the community. Veterans who have been hospitalized in a VA facility for treatment primarily for a service-connected condition may be placed in community nursing homes at VA expense for as long as they need nursing care. Other veterans may be eligible for placement in community facilities at VA expense for a period not to exceed six months unless an exception is granted because a longer period of care is necessary. The program requires assessment of participating facilities and follow-up visits to veterans by teams from the VA medical centers.

In FY 1985, there were 38,907 patients treated in community nursing homes, for a 9.4 percent increase over last year. There were 3,270 nursing homes under contract. The average daily census in these homes for FY 1985 was 11,444, an increase of 7.9 percent.

Since April 1981, the VA has attempted, through arrangements with the states (coordinated with the Department of Health & Human Services), to make maximum use of inspections conducted for Medicare or Medicaid. Due to cutbacks in inspection efforts of some states, however, the VA medical centers sometimes find that they must continue to conduct a full-team inspection of nursing homes.

While the general VA policy on greater reliance of state inspections continues, this policy can only be carried out where there is a strong state inspection program.

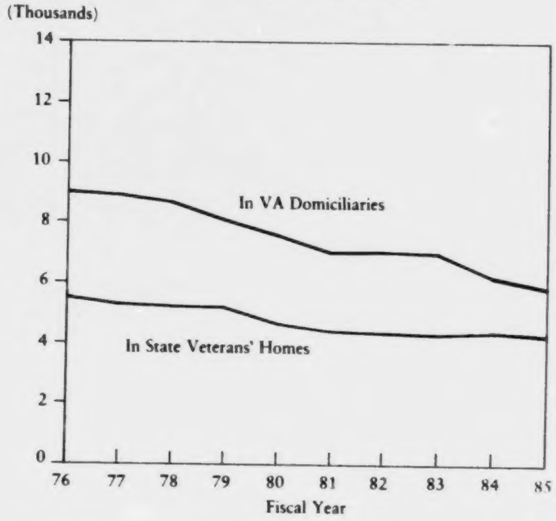
VA Domiciliary Care

Domiciliary care in VA facilities provides necessary medical and other professional care for eligible ambulatory veterans who are disabled by age, disease, or injury and are in need of care but do not require hospitalization or the skilled services of a nursing home.

Ongoing initiatives designed to enhance therapeutic programs continue to facilitate the return of many veterans to the community, as well as to improve the quality of life for others who require extended periods of care. Special emphasis has been placed upon the fulfillment of needs unique to elderly veterans.

In FY 1985, there were 13,126 veterans treated in VA domiciliaries. The average daily census was 5,979, a decrease of 4.1 percent from the previous year. A significant portion of the decrease in average daily census is attributable to the initiation of a number of major facility renovation projects. The average age of veterans in VA domiciliaries on census day (September 30, 1985) was 57.9 years; 26.7 percent were 65 years of age or older, and their average attained length of stay was 3.8 years. Approximately 18.3 percent were receiving compensation for service-connected conditions, and 28.3 percent were receiving a VA pension.

DOMICILIARY CARE
Average Daily Census



State Veterans Homes

The VA's relationship to State veterans homes is based on two grant programs. One is a per diem program which enables the VA to assist the States in providing care to veterans eligible for VA care; these veterans are furnished domiciliary, nursing home, or hospital care in state home facilities. The other grant program provides up to 65 percent Federal funding in the acquisition and construction of domiciliary and nursing home care facilities, and the expansion, remodeling, or alteration of existing facilities.

During FY 1985 the State homes maintained an average daily census of 7,846 nursing home, 4,334 domiciliary, and 498 hospital patients. During FY 1985, construction was begun on Phase I of a new State home in Paramus, New Jersey to provide 114 nursing home beds, funded in part by a VA grant. The VA obligated funds totaling $27.6 million for construction and renovation projects, including a 50-bed hospital addition at Yountville, California, replacement of a 225-bed nursing care unit at Grand Rapids, Michigan, and a 167-bed facility at Marquette, Michigan.

Geriatric Evaluation Units

GEU's (Geriatric Evaluation Units) are being developed in medical centers to improve diagnostic assessment, treatment, and placement of older patients who have remediable impairments, multiple chronic diseases, or psycho-social problems which need to be fully assessed. In addition, GEU's provide training and research opportunities for physicians and other health care professionals.

During FY 1985, 20 additional VA medical centers established GEU's. There are now more than 45 GEU's operating in the VA hospital system. In addition, 15 VA medical centers and outpatient clinics have expressed interest in establishing a GEU. Personnel from these facilities received training at a national training conference on GEU's held in Kansas City, Missouri.

Hospital Based Home Care

The HBHC (Hospital Based Home Care) program makes arrangements for selected patients, who would otherwise remain in the hospital, to return to their own homes for further care. Primarily medical care is provided under the coordinated supervision of the hospital based treatment team. The team provides medical, nursing, social, rehabilitation, and dietetic regimens as followup to hospital care. During FY 1985, six new HBHC programs were initiated, increasing the total number of programs to 49. More acute-care beds in hospitals are made available as a result of providing increased days of care in the home. During the year 219,000 home visits were made by health professionals and 11,353 patients were treated.

Adult Day Health Care

ADHC (Adult Day Health Care) is a therapeutic day program for ambulatory veterans which provides health, maintenance, and rehabilitation services in a group setting. ADHC is a medically-oriented program designed as a substitute for nursing home care. The VA began operating five ADHC centers in FY 1985 at VA medical centers in Brooklyn, New York; Little Rock, Arkansas; Miami, Florida; Minneapolis, Minnesota; and Portland, Oregon. Programs currently exist at Butler, Pennsylvania; North Chicago, Illinois; and Palo Alto, California, VA Medical Centers, making a total of eight such centers.

Palliative Care

The VA submitted a report to the House and Senate Veterans' Affairs Committees, as required by Public Law 98-528, on the programs of the VA which furnish palliative care, supportive counseling, and other medical services to terminally ill veterans, and supportive counseling to their families. Data from a one-day census survey showed that there were over 5,000 terminally ill veterans in various patient care settings. The survey also showed that the medical centers were focusing attention on the needs of the terminally ill patient/family in various service settings. The hospice concept of care is generally incorporated in VA medical centers' approaches to the care of the terminally ill.

Community Residential Care Program

The largest of the extended care programs, the community residential care program, is operated at minimal expense since the only cost to the VA is for administration. The residential care home program provides residential care, including room, board, personal care, and general health care supervision, to veterans who do not require hospital or nursing home care but who, because of health conditions, are not able to resume independent living and have no suitable family resources to provide needed care. All homes are inspected by a VA multidisciplinary team prior to incorporation into the program and annually thereafter. Care is provided in private homes selected by the VA, at the veteran's own expense. Veterans receive monthly followup visits from VA social workers and other health care professionals and are outpatients of the local VA facilities. In FY 1985, an average daily census of 11,600 veterans was maintained in this program utilizing approximately 3,120 homes.

Geriatric Research, Education, and Clinical Centers (GRECC's)

The GRECC's (Geriatric Research, Education, and Clinical Centers) were conceived in 1973 to integrate research, education and clinical achievements in geriatrics and gerontology. They were designed to increase the basic knowledge of aging, to transmit that knowledge to health care providers, and to improve the quality of care to the aged.

The first GRECC's were established in FY 1975. In 1980, Congress passed Public Law 96-330, "Veterans Administration Health Care Amendments." Title III of that law authorized the expansion of GRECC's up to 15. At present there are ten GRECC's: Boston, Massachusetts (Bedford, and Brockton/West Roxbury

Divisions); Durham, North Carolina; Gainesville, Florida; Little Rock, Arkansas; Minneapolis, Minnesota; Palo Alto, California; St. Louis, Missouri; Seattle, Washington (Seattle and American Lake Divisions); Sepulveda, California; and West Los Angeles, (Wadsworth), California.

The special care needs of the aging veteran are being addressed through geriatric programs.

During FY 1985 each GRECC continued to focus on selected areas of geriatrics. Some of these areas include cardiology, endocrinology, geriatric evaluation units, geropharmacology, the hematopoietic system, immunology, metabolism, neuroscience and dementia, and oncology.

All GRECC's were also actively involved in providing continuing clinical education to physicians, nurses, and other health care professionals, both staff and students.

The GRECC clinical component supplemented the ongoing activities of the host facility. The goal of this component is the application of new knowledge and ideas and the evaluation of their usefulness in a patient care setting.

The unique aspect of the GRECC's is the integration of research, education and clinical care. Through this integrated approach the GRECC's are developing practitioners, educators, and researchers in the field of geriatrics.

Medical Care for Dependents

Eligible dependents and survivors of certain veterans receive medical care under CHAMPVA (Civilian Health and Medical Program of the VA). Benefits under the program are similar to those provided to dependents of military retirees under CHAMPUS (Civilian Health and Medical Program of the Uniformed Services). The VA shares the cost of the medical benefits with those dependents.

Under CHAMPVA, medical care is provided to the spouse or child of a veteran who has a total disability, permanent in nature, resulting from a service-connected disability; the surviving spouse or child of a veteran who dies as a result of a service-connected disability, or who at the time of death had a total disability, permanent in nature, resulting from a service-connected disability; and, the surviving spouse or child of a person who died while on active duty. CHAMPVA care may be furnished to these eligible dependents provided these dependents are not eligible for medical care under CHAMPUS or Medicare.

Eligibility for CHAMPVA may be reinstated for a beneficiary who loses eligibility by virtue of the beneficiary becoming entitled to Medicare hospital insurance benefits (Part A) and subsequently exhausting a Part A benefit. At the end of FY 1985, there were approximately 210,000 individuals (130,000 adults and 80,000 children) in 138,600 families who had established entitlement for medical care under CHAMPVA. Since the program began in September 1973, $486,136,000 has been expended for hospital care, physician visits, and prescriptions; in FY 1985, the cost of the program was just over $83 million.

Services

Medical Services

During FY 1985, the VA's first "in-house" bone marrow transplant unit at the VAMC Seattle, Washington, performed transplants for 16 patients. An enlarged bone marrow transplant unit has been included in the Seattle replacement hospital. Bone marrow transplant is a promising new form of therapy in which bone marrow from a related donor is used in the treatment of selected patients with such otherwise fatal conditions as severe aplastic anemia and leukemia.

The hepatitis B vaccine immunization program continued throughout FY 1985. At midyear over 26,000 patients and employees had been vaccinated against this serious infection. Seventy-two hundred vials of vaccine were distributed to continue immunization.

The home oxygen program also continued throughout FY 1985. Medical Service, aided by Respiratory Therapy, provided clinical supervision to 13,956 patients on compressed oxygen concentrators at a cost of $22,141,622. Thirty-three VA medical centers are now participating in the special HSTP (Hypertension Screening and Treatment Program). Since its inception, the HSTP has screened over 500,000 veterans, of whom 42% were found to be hypertensive. The HSTP is currently following more than 45,000 veterans; approximately 85% of these veterans are controlled with diastolic pressures less than 95 mm Hg. Eighty-seven percent received their primary care from allied health professionals (registered nurses or physician assistants) under the supervision of a physician coordinator of the clinic. The continued decrease in strokes, heart disease, and renal disease seen in patients treated under this program is at least partially attributable to the control of hypertension. Patients in this program are counseled regarding smoking, obesity, diet, exercise, and alcohol consumption, all factors contributing to hypertension and cardiovascular disease. The HSTP is in the process of automating the entire system, to ensure accuracy, uniformity, and easy access in the areas of patient care, administration, and research.

The number of patients in the VA dialysis program, including patients dialyzed in non-VA units at VA expense, was approximately 4,100. The large-scale rheumatology-immunology center continued to function at the VA Medical Center, Philadelphia, Pennsylvania, along with a smaller program previously begun at the VA Medical Center, Milwaukee, (Wood), Wisconsin. These centers provide comprehensive care to patients suffering from arthritis, rheumatism, connective tissue diseases, and related disorders.

Cardiac catheterizations were performed on approximately 26,000 patients in 70 CCL's (cardiac catheterization laboratories). Two additional CCL's have been authorized. Worn or outdated equipment was replaced in cardiac catheterization laboratories at seven VA medical centers. Clinical diagnostic services, echocardiography, nuclear cardiology, stress testing, arrhythmia monitoring, and electrophysiology services were expanded in 18 medical centers. Computer-based pacemaker surveillance centers are providing telephonic electronic followup to about 7,000 veterans with cardiac pacemakers. A pilot clinical phase pacemaker registry has been implemented, and all explanted pacemakers are analyzed by VA staff.

There were 42,501 patients identified and screened for hemoglobin disorders and 41,575 patients for glucose-6-phosphate dehydrogenase (an important enzyme in normal red blood cell metabolism) deficiency in the 37 medical centers participating in the VA sickle cell screening and education program.

Education sessions on sickle cell anemia were attended by 80,383 persons; 3,185 were also counseled. At each medical center, the professional staff for this program consists of a physician, a counselor, and a technician. The VA film on sickle cell disease, "A Matter of Chance," and mobile exhibits have also been displayed, not only in VA medical centers, but also at meetings of various community organizations.[1]

Further progress has been made with the establishment of national networks of automated electrocardiographic interpretive systems. Equipment has been purchased for ten new systems and is on order for four more districts. The VA and the Department of Defense have entered into an agreement for the shared use of these systems to improve service for both agencies and to effect economies in the acquisition of equipment, in accordance with recent legislation encouraging sharing between the agencies.

More than 80,000 patients were treated in VA coronary care and medical intensive care units. New construction criteria were implemented to modernize the intensive care units and to make provisions for less expensive stepcare units which can provide physiologic monitoring of selected patients who require less intensive support from equipment, nurses, and physicians. Many older intensive care units have been renovated. A study is being conducted to explore the feasibility of bulk purchasing equipment for these units.

Surgical Service

During FY 1985, 473,584 inpatient surgical procedures were performed in 135 medical centers, staffed by 788 full-time and 1,698 part-time surgeons. Assisting in patient care were 3,023 residents assigned through medical school/affiliated programs in 102 VA medical centers.

The cardiac surgery program was active; more than 6,400 operations were performed during FY 1985. With the assistance of the VA Central Office Cardiac Surgery Consultants' Committee, an ongoing reviewing of the program proved helpful in monitoring the quality of patient care. Through MEDIPP (Medical District Initiated Program Planning), criteria and standards for cardiac surgery have been developed and are being reviewed. A special Advisory Committee on Cardiac Surgery was set up by the Chief Medical Director to advise him on various policy issues concerning the conduct of cardiac surgery in the Veterans Administration. The Chairman of this Committee recently presented his report to the Chief Medical Director, and an implementation plan is being developed. The VA cardiac transplant program, located at the VA Medical Center, Richmond, Virginia, performed 25 heart transplants during FY 1985.

An additional seven heart transplants were performed in VA medical centers located in Pittsburgh (University Drive), Pennsylvania; Salt Lake City, Utah; and Buffalo, New York. The success of this transplant program, together with an increasing number of veterans requiring this procedure, has initiated proposals from five other VA medical centers to establish cardiac transplant programs.

The VA Central Office Surgical Service, in conjunction with the annual meeting of the Association of VA Surgeons, sponsored a workshop on "Applications of ADP (Automated Data Processing) for VA Surgical Services." A workshop on "Recent Advances in ENT Care of VA Patients" was presented in conjunction with the XIII World Congress of Otorhinolaryngology. Criteria for construction of surgical spaces are now under review prior to initiation of a study of present criteria.

The VA Surgical SIUG (Special Interest Users Group) has developed a software package for use by surgical services. Plans are now being prepared for site testing.

---

[1] *This information is included in compliance with section 654, title 38, U.S.C.*

The increasing sophistication of equipment has mandated that Surgical Service maintain ongoing reviews of its high technology devices. Many of these devices have become state-of-the-art requirements for quality medical care and are being supplied to appropriate VA medical centers. Criteria for selecting sites for location of ESWL (Extracorporeal Shock Wave Lithotripter) have been submitted. As funding becomes available, these devices will be installed for the non-invasive treatment of renal stones, a frequent complication of the spinal cord injury patient.

Mental Health and Behavioral Sciences Service

The VA's Mental Health and Behavioral Sciences Service provides a broad spectrum of services to eligible veterans. With declining support for mental health programs funded by states and limited coverage for mental illness provided by most health insurance, increasing numbers of veterans seek VA care for psychiatric illness. The VA maintains organized psychiatry services in 130 of 172 medical centers, 155 psychology services in medical centers and outpatient clinics, 102 alcohol dependence treatment programs, and 51 drug dependence treatment programs. Outpatient services include 40 day hospital programs, 63 day treatment centers, 156 mental hygiene clinics, and outpatient components of the alcohol and drug dependence treatment program.

During FY 1985, there were 23,066 average operating psychiatric beds. The bed occupancy rate was 78.4 percent and the average monthly turnover rate was 76.5 percent. The VA treated 183,667 psychiatric patients in FY 1985, with an average daily census of 18,092. Committed psychiatric patients treated by the VA during the fiscal year totaled 13,241. On any given day, an average of 2,083 patients were on involuntary commitment.

VA Psychiatric Bed Sections	FY 1985	FY 1980	Percent Change
Average operating beds	23,066	24,886	−5.2
Average daily census	18,092	21,018	−13.9
Admissions	158,106	160,417	−1.4
Average monthly turnover rate	76.5	66.0	+15.9
Patients Treated	183,667	187,805	−2.2

As the average age of the veteran population increases, the VA will pay increasing attention to the psychiatric and emotional problems associated with the aging process, retirement, bereavement, and the effects of chronic physical illness. Mental Health and Behavioral Sciences Service has over fifteen hundred beds devoted to geriatric psychiatry and expects additional beds to be devoted to these patients in the future. Geriatric day treatment centers, neuropsychological assessments, and consultation-liaison activities support the VA effort to provide timely and essential care for aging veterans.

In the past seven years the number of average operating psychiatric beds has been reduced by 14.5% with increased emphasis provided for ambulatory care programs. There have been shorter hospital stays, and more veterans are being treated in mental hygiene clinics, day treatment centers, and day hospitals.

Continued emphasis on outpatient care and rapid intensive treatment, coupled with shorter periods of hospital stay, have resulted in an increase in the number of veterans treated by the VA's mental hygiene clinics, day treatment centers, and day hospitals. Mental hygiene clinics serve as the basic units in the delivery of ambulatory pyschiatric care. During FY 1985, there were 1,376,786 visits made to mental hygiene clinics.

Day hospital programs deliver intensive individual and group therapy to patients able to visit a VA medical center on a daily basis. These veterans' problems are of an acute, intensive, or situational nature and can be resolved within a short period of time. During FY 1985, 149,490 visits were made to day hospital programs.

Vocational Evaluation and Vocational Counseling

The Mental Health and Behavioral Sciences Services is responsible for providing counseling and assisting veterans as they adjust to the psychological impact and disabling consequences of injury or illness. VA medical centers employ psychiatrists, counseling psychologists, psychiatric nurse specialists, rehabilitation specialists, and psychiatric social workers to assist veterans in reestablishing their ability to function independently.

During FY 1985, the VA provided psychological evaluation and assessment as a part of treatment and medical rehabilitation to 112,275 patients.

Post-traumatic Stress Disorder

Veterans of World War II, Korea, and particularly Vietnam, with psychological, emotional, or vocational problems related to their experiences in a war zone receive treatment at VA medical centers and outpatient clinics. Thirteen specialized inpatient treatment programs for post-traumatic stress disorder have been activated, and the National Center for Stress Recovery was opened at the Cleveland-Brecksville VA Medical Center during 1985. Its task is to provide clinical care for veterans in its medical district and to enhance the VA's education and research activities on post-traumatic stress disorder.

Alcohol and Drug Dependence Treatment Programs

The Veterans Administration operates 102 specialized ADTP's (alcohol dependence treatment programs). These programs are specialized units which provide for the diagnosis and treatment of eligible alcohol-dependent veterans.

During FY 1985, inpatients treated for alcoholism numbered 91,417; 48,266 of these were treated in the specialized alcoholism treatment units. The average monthly turnover rate of ADTP's was 137.0 percent, and the bed occupancy rate was 86.7 percent. The number of outpatient visits for alcohol dependence treatment was 475,994.

The VA operates 51 DDTP's (drug dependence treatment programs). These specialized programs provide for the care and treatment of eligible drug dependent veterans with special emphasis on veterans dependent on narcotics. Major treatment components include methadone detoxification, methadone maintenance, naltrexone maintenance, and treatment and therapeutic communities. The average length of inpatient stay is 23 days. Outpatient/ambulatory treatment is longer. The total number of inpatients treated for drug dependence during FY 1985 was 20,622. Of this number, 13,924 were treated in DDTP beds.

The average monthly turnover rate in DDTP beds was 125.2 percent in FY 1985. The bed occupancy rate was 91.4 percent. The number of outpatient visits for drug dependence treatment was 987,832, and of this number, 980,659 were visits to DDTP's.

Any eligible veteran who is diagnosed as having alcohol and/or drug dependence and who requests treatment for that disease may be admitted to a VA alcohol dependence program or drug dependence treatment program.

Section 104 of Public Law 96-22 provided the VA with authority to contract with non-VA community programs for treatment and rehabilitation services for veterans with alcohol or drug dependence and/or abuse disabilities. Three hundred and forty-three contracts sponsored by 89 VA medical centers were in operation at the close of FY 1985.

The VA conducts an extensive program of intramural alcoholism research through individual and cooperative (multi-hospital) studies. A clinical alcoholism research center at the VA hospital campus in San Diego, California, was opened in FY 1985.

Physician training in substance abuse is being implemented through a two-year university-affiliated fellowship training program, offered at five VA medical centers. Plans are underway to expand this program during the coming years.

VA treatment programs in psychiatry, psychology, and substance abuse provide unique and important opportunities for education and research. The VA contributes to the understanding of mental illness through research on such topics as schizophrenia, alcoholism, Alzheimer's disease, and post-traumatic stress disorder, all of which affect large numbers of veterans. Clinical education in these and other areas contribute to the training of a broad range of health care professionals and support the VA patient care mission.

Readjustment Counseling Service

The Readjustment Counseling Service was authorized by Public Law 96-22 on June 13, 1979. The program was extended by Public Law 97-72 on November 3, 1981, and further extended by Public Law 98-160 on November 21, 1983. Counseling centers (Vet Centers) are authorized through FY 1988. Presently there are 189 Vet Centers throughout the country.

There are also 550 vendors who have contracted with the VA to provide readjustment counseling services to eligible Vietnam era veterans. These services are generally provided to veterans who are geographically distant from a VA medical center.

In FY 1985, the Vet Centers conducted 441,099 visits. During the year, a total of 63,687 new veteran clients were seen. A significant number of veterans seen are suffering from moderate or severe post-traumatic stress disorder. Additionally, there are a significant number of clients present with employment problems related to post-war readjustment.

Rehabilitation Medicine Service

The Rehabilitation Medicine Service is represented at all 172 VA medical centers and most of the larger satellite outpatient clinics. In addition, there are 1,383 beds designated for rehabilitation medicine at 56 medical centers, with an increase of approximately 40 percent projected for the year 1995. Centers of excellence, called comprehensive rehabilitation centers, are in operation at five medical centers located at Boston, Massachusetts; Northport, New York; Tampa, Florida; Hines, Illinois; and Palo Alto, California.

Efforts are underway to further define the philosophy and direction of this service into the 1990's. In addition to the continuing focus on geriatric rehabilitation, close scrutiny has been initiated in the area of closed head trauma care—a problem demanding more attention in the Department of Medicine and Surgery. Efforts are being made to identify the scope of this problem, the type of rehabilitation care needed to bring about maximum improvement in the patient's physical and/or emotional function, and the necessary resources to effectively care for this population.

The Veterans Administration continues to provide extensive opportunities for veteran inpatients and outpatients to participate in two work-for-pay programs.[1] The compensated work therapy program involved 6,469 patients at 43 medical centers and resulted in earnings of nearly $4 million. This self-sustaining program is designed to contract with private industry and encompass real work situations which can lead to competitive employment. Incentive therapy programs at 89 medical centers involved 24,923 veterans and realized earnings of $5.2 million.

---

[1] *This information is included in compliance with section 618, title 38, U.S.C.*

In addition, 32 medical centers indicated active involvement in the therapeutic priming program with nearly 2,000 veterans taking part in this learning experience.

The driver training program for the handicapped veteran added 3,048 referrals during FY 1985, bringing the total number of veterans who have been evaluated or who have completed this training over the past nine years to 24,500. Nearly 277,000 driver training hours have been recorded over that same period of time, with 11,578 veterans being licensed to drive as a result of the training. Three of the 39 driver training centers have access to the most complex driving system available—computerized steering and braking for the very high-level spinal cord injured patient. The proportion of the disabled patients who attended this program include 30 percent spinal cord injured, 22 percent stroke, 20 percent amputee, and 28 percent with psychiatric and other neurological disabilities. This program maintains its primary effectiveness in helping the severely disabled veteran to regain some independence and mobility in his or her daily life.

Spinal Cord Injury Service

The SCI (Spinal Cord Injury) Service treated 7,646 inpatients and 12,044 outpatients with a total of 36,337 patient visits during FY 1985. There were 654 patients who made their first visit to a SCI center; 581 of these had sustained their injury less than six months before admission. Of the total new patients, 363 were paraplegics and 291 were quadriplegics.

The SCI Independent Living Program has focused on two major problem areas: recreation needs and computer programming. The recreational programs are geared toward teaching patients and their families how to participate in such sports as camping, horseback riding, water sports, and competitive games. The emphasis is on activities for veterans who have been discharged but have had difficulties in adjusting to a new and different lifestyle. The computer program emphasizes vocational and avocational skills as well as use in activities of daily living for very high-level quadriplegics.

Six Independent Living Centers, designated in FY 1982, have expanded their emphasis from providing generalized services to offering specialized programs focused on research, community advocacy for housing and transportation for the handicapped, development of community housing for severely handicapped veterans, day treatment programs for the aging, and follow-up programs for patients in the community with major medical and psychological problems in adjustment.

The SCI Home Care Program has been implemented at all SCI Centers. In FY 1985, a total of 25,764 visits were made in the community for follow-up care of discharged SCI patients. The primary focus of the Home Care Program is to plan and assist the patient and his family to adjust psychologically, physically, and socially at home. This reduces the need for hospitalization, as well as reducing the length of stay. Approximately 16,000 of the home care visits were made to homes of quadriplegics. Problems which occurred included: prosthetic and home adaptations, attendant care, pressure sores, urinary tract infections, marital problems, and depression. This type of medical and psychological support in follow-up care is the only way in which many of these veterans can be maintained in the home.

Blind Rehabilitation Service

During FY 1985, there were 746 blind veterans given training at the four Blind Rehabilitation Centers and three Blind Rehabilitation Clinics. In addition, over 8,000 blind veterans received services from the 84 VIST's (Visual Impairment Services Teams).

During FY 1985, a total of 28 KRM's (Kurzweil Reading Machines) were issued to eligible veterans using criteria and training programs developed by the Blind Rehabilitation Service. The KRM converts print to speech and enables blind persons to access most printed material without sighted assistance.

The Blind Rehabilitation Service monitors a field service contract with BVA (Blinded Veterans Association) which provides assistance to blinded veterans who may not be integrated into the VA service system. The BVA accomplishes this with five blind veterans traveling around the country motivating, counseling, and attempting to get the blind veterans to the VA for continuing services. Over 1,000 veterans were visited during FY 1985.

Blind Rehabilitation Service collaborated with REP (Rehabilitation Education Program), CEC (Continuing Education Center), and RMEC's (Regional Medical Education Centers), to provide one Visual Impairment Services Team and one Computer Technology for the Blind training program during FY 1985. More than 60 coordinators and blind rehabilitation specialists were given training to assist them in developing optimum service delivery to blind veterans.

A 10-bed Blind Rehabilitation Center in San Juan, Puerto Rico, is scheduled for completion in 1988. An interim day program was established during FY 1985; it will accept veterans for training in early FY 1986.

Audiology and Speech

During FY 1985, there were more than 634,000 patient visits reported by 139 VA audiology and speech pathology programs through the Nation. This represents a 3.4 percent increase in these services over the previous year. The number of hearing aids that were issued to eligible veterans during FY 1985 also increased. The more than 40,000 hearing aids issued is more than 2.5 times the number the VA issued just seven years ago. In contrast, the average VA cost of hearing aids over this same seven-year period has only increased $39 per aid. The average cost of a VA-issued hearing aid during FY 1985 was $161.50. This low cost is directly attributable to the fact that the VA, through the Prosthetics Distribution Center at Denver, Colorado, purchases hearing aids directly from the manufacturers on a bulk basis. In addition, the hearing aid selection procedures used to obtain hearing aids from the manufacturers have been developed to assure that the veterans will be offered only the best hearing aids commercially available.

Speech pathologists throughout the Nation have become involved in the treatment of dysphagia, a swallowing disorder. Dysphagia treatment is provided to veterans through a team approach, and it has been shown that more than 23 percent of the current hospitalized veteran population is in need of this type of treatment. In an effort to enhance this type of service, the Continuing Education Center at VAMC, Washington, D.C., along with the Regional Learning Resources Service at St. Louis, Missouri, have utilized professional expertise in developing a videotape on the team approach needed in dysphagia treatment. This videotape will be distributed to all VA medical centers with accompanying material that describes the procedures to be followed in developing or enhancing such a program.

The demands for audiology and/or speech pathology services are rapidly increasing each year. It is conservatively estimated that the current rate of speech, language, and/or hearing problems requiring professional assistance is 65 percent for veterans in medical centers, nursing homes, and domiciliaries. This rate is expected to increase drastically in the next few years as the average age of the veteran population increases.

Prosthetic and Sensory Aids Service

Prosthetic and Sensory Aids Service provided services costing approximately $95.8 million in FY 1985. Appliances and services were furnished to 1.1 million disabled veterans, most of whom are permanently disabled.

A sample of the items distributed in FY 1985 is provided in the following chart.

Prosthetic Service issued 39,437 braces in FY 1985.

Item	Number	Total Cost
Aids for blind	16,503	$ 636,272
Artifical limbs	10,000	14,500,000
Braces	39,437	3,139,836
Corset belts	19,972	241,959
Eyeglasses	105,667	3,085,476
Hearing aids	43,235	6,982,397
Shoes	115,254	1,108,659
Wheelchairs	37,241	13,433,273

The budget for the Prosthetic and Sensory Aids Service has increased dramatically. The major reasons for the increased costs have been the ever-increasing sophistication of technology available for use by the handicapped, the increasing number of veterans who are becoming disabled because of age, liberalization of eligibility requirements passed by Congress, and changes in legislation which have increased the numbers and kinds of prosthetic devices available.

The first Amputee Clinic Team Training was conducted in three parts: STAMP (Special Teams for Amputation, Mobility, and Prosthetics/Orthotics) Training, training for the Amputee Clinic Chief (Physician) with their respective Chief, Prosthetic Service, and training for the Chiefs of Prosthetic Service Management Training.

In coordination with the Office of Program Planning and Evaluation, a study of Orthotic and Restoration Laboratories has been conducted. Outdated manuals have been rewritten. A new staffing study has been developed, standard position descriptions have been developed, and work on performance and classification standards is underway. The Prosthetic/Orthotic Advisory Council has developed sample standardized position descriptions for the Orthotic/Prosthetic Series. Prosthetic and Sensory Aids Service has also developed a quality assurance questionnaire to analyze wheelchair repairs.

Agent Orange

The VA continued its activities, begun in 1978, to resolve the complex health care issues raised by the use of the defoliant Agent Orange. During FY 1985, Agent Orange remained a key issue for some Vietnam veterans concerned about the possible adverse health effects of this herbicide. The Agent Orange Projects Office, within the VA's Department of Medicine and Surgery, serves as the Agency's primary office responsible for the conduct of significant Agent Orange research and other related activities. This office also assumes responsibility for monitoring Agency and interagency activities undertaken to resolve the health care issues raised by phenoxy herbicides and other defoliants used during the Vietnam conflict.

During FY 1985 the VA continued to fund and monitor the conduct of a major epidemiology study of the health status of Vietnam veterans, a study conducted under the terms of an interagency agreement between the VA and the CDC (Centers for Disease Control), Atlanta, Georgia. Under the terms of the interagency agreement, the VA is providing CDC with resources and authority for the implementation, analysis, and scientific interpretation of a valid epidemiological study.

The study consists of three major research efforts including a Vietnam Experience component, an Agent Orange component, and a Selected Cancers Study component.

During FY 1985, the VA continued to pursue the initiation and conduct of several significant Agent Orange-related research efforts including the VVMS (Vietnam Veterans Mortality Study), a review of Soft Tissue Sarcoma cases in the PTF

(Patient Treatment File) for Vietnam era veterans, a Retrospective Study of dioxins and furans in adipose tissue, a STS (Soft Tissue Sarcoma) study conducted in cooperation with the Armed Forces Institute of Pathology, and ten specially solicited animal research projects.

Public Law 96-151, enacted December 20, 1979, mandated preparation by the VA of a review and critical analysis of the worldwide scientific literature on Agent Orange and other phenoxy herbicides. Subsequently, a two-volume report, prepared under contract, was submitted to the VA on October 1, 1981. Public Law 97-72, the "Veterans Health Care, Training, and Small Business Loan Act of 1981" enacted November 3, 1981, provided the Administrator of Veterans Affairs with authority to expand the literature review to include other studies to determine whether there may be long-term adverse health effects in humans from exposure to phenoxy herbicides. In April 1983, a contract for an updated review and analysis was awarded. Since that date an additional four volumes have been published with Volumes V and VI and a lay language Synopsis of Volumes II-V published during 1985. These publications provide an update of the literature since the publication of the original two-volume report. These volumes received wide distribution both inside and outside the VA. A current contract calls for preparation for Volumes VII and VIII, and a synopsis of literature identified during FY 1985 which will be submitted to the VA in May 1986.

Public Law 97-72 also gave the VA legislative authority to provide medical care to Vietnam veterans, subject to guidelines established by the Chief Medical Director, for health conditions possibly related to their exposure to Agent Orange without proof that it was the cause. During FY 1985 VA health care facilities had approximately 3,600 inpatient admissions and an estimated 396,000 outpatient visits under the authority of this legislation.

In addition, during FY 1985, other program activities including conduct of the VA's Agent Orange registry, Chloracne-Task-Force reviews, and preparation of a monograph series were continued as part of the total Agency efforts related to Agent Orange.

As of September 30, 1985, a total of 204,228 Vietnam veterans had reported to VA health care facilities to participate in the VA's Agent Orange registry program of physical examinations. This program, coordinated by the environmental physicians located at each VA health care facility, is being conducted to identify those veterans concerned about the possible adverse health effects of exposure to Agent Orange. Approximately 46,000 of these veterans participated in the examination program during FY 1985. Personal, service, and medical information from the examinations is placed in a special computer file to assist the VA in its efforts to serve these individuals. The Agent Orange registry is being used for the periodic updating of addresses of registry participants to provide them with information on Agent Orange. Specially prepared Agent Orange-related pamphlets and newsletters developed by the VA's Office of Public and Consumer Affairs, in cooperation with the Agent Orange Projects Office, have highlighted this effort.

Through Agency directives and ongoing special nationwide bi-monthly conference calls with environmental physicians and other key staff members, the VA is pursuing its goal of keeping its health care staff fully aware of the latest scientific and medical developments concerning Agent Orange. This effort is supplemented through the periodic mailout from VA Central Office of significant scientific, medical and other information to each environmental physician.

The VA continued to cooperate with other Government agencies and public institutions involved in Agent Orange research. A dialogue was maintained with foreign governments, including Australia and Italy, concerned with the possible adverse health effects in civilian and military populations exposed to dioxin.

The VA continued its participation as an active member of the White House-established AOWG (Agent Orange Working Group) and its Science Panel.

Membership in this committee enables the VA to share information and interact with other Federal agencies concerned with resolving the issue of Agent Orange. The VA Advisory Committee on Health-Related Effects of Herbicides was rechartered by the Administrator on August 1, 1985. This committee, which has two subcommittees (the Subcommittee on Veterans Education/Information and the Subcommittee on Epidemiology/Biostatistics) advises the Administrator on scientific and policy matters of concern to Vietnam veterans exposed to herbicides. During FY 1985, this committee continued to make progress toward its goal of providing a better forum for discussions of epidemiology and biostatistics and enhancing further dialogue with veterans who can advise the VA on matters related to Agent Orange.

Representatives of the various State Agent Orange commissions and programs continued to interact as members or as general participants in this committee in order to improve communication and coordination between the VA and concerned State organizations. The committee, which meets in open sessions at VA's Central Office on a quarterly basis, provides the public with the opportunity to comment on VA Agent Orange-related policies and activities.

Health Care for Female Veterans

During FY 1985, the Department of Medicine and Surgery continued to emphasize the goal of providing equitable health care for female veterans. All VA medical centers and outpatient clinics reviewed their plans for the care of female veterans with special attention to the provision of adequate gynecological services. Projects to correct physical limitations in health care facilities which might interfere with equal access to care are in progress. During FY 1985, every medical center and many regional offices appointed a Coordinator of Women Veterans to serve as an advocate for them and to facilitate their entry into the system. A National Conference was held for the coordinators in Washington in August 1985.

The VA Preventive Health Program implemented in FY 1985 includes osteoporosis counseling specifically targeted at women veterans. A mammography screening pilot program was also initiated at VAMC, Minneapolis, Minnesota, in FY 1985.

The VA Advisory Committee on Women Veterans, consisting of 16 women and 2 men and representing veterans from World War II, the Korean conflict, and the Vietnam era, as well as those with service-connected disabilities, and authorities in fields pertinent to women veterans, met three times in FY 1985. The committee continued to provide advice to the Administrator and the Department of Medicine and Surgery on the needs of women veterans. The Conference for Women Veterans Coordinators, which was held in August 1985, was an outgrowth of the committee's recommendation. The coordinators serve as advocates and contact points for women veterans in the VA medical centers.

The report of a Survey of Women Veterans, commissioned in 1984, was completed by a private contractor during 1985. The survey showed that women veterans are relatively young; over half have entered the service since the beginning of the Vietnam era. The vast majority of women veterans report that they are in good or excellent health. One out of every ten women veterans has been a patient overnight or longer in a Veterans Administration hospital since leaving the service, and 2 percent of women veterans reported inpatient care in a VA hospital in the year prior to the survey.[1]

Health Care for Former Prisoners of War[2]

In 1981, Congress passed Public Law 97-37 entitled, "Former Prisoners of War Benefit Act." The law established an Advisory Committee to the Administrator on Former Prisoners of War. Eight diagnoses were identified to be considered presumptive for service-connection for former prisoners of war. The

---

[1] *This information is included in compliance with section 222, title 38, U.S.C.*

[2] *This information is included in compliance with section 221, title 38, U.S.C.*

BEST COPY AVAILABLE

diagnoses were avitaminosis, beriberi (including beriberi heart disease), chronic dysentery, helminthiasis, malnutrition (including optic atrophy associated with malnutrition), pellagra, other nutritional deficiencies, and any of the anxiety states which became manifest to a degree of 10 percent or more after active military service. Effective October 1, 1983, Public Law 98-223 added dysthymic disorder to the list of diagnoses. The Chief Medical Director is an ex-officio member of the Advisory Committee.

There are an estimated 83,430 former prisoners of war alive: 336 from World War I, 78,914 from World War II, 3,562 from the Korean conflict, and 618 from the Vietnam era. One of the early recommendations of the Former Prisoners of War Advisory Committee was that the Department of Medicine and Surgery develop a standard protocol for obtaining the history and the medical evaluation of ex-prisoners of war. Consequently a special history-taking and medical evaluation protocol was developed and has been in use since July 1983.

DM&S established a physician coordinator, an administrative coordinator, and a social work coordinator at all VA medical centers to handle the ex-POW examination program. DM&S also established 28 senior medical clinical coordinators, one in each medical district. A new chapter to the *Physician's Guide* was published, entitled "Medical Evaluation for Former Prisoners of War."

DM&S has conducted an extensive sensitization program beginning with an educational conference in April 1983 in VA Central Office for the 28 senior medical clinical coordinators. A National ex-POW Educational Conference was conducted in Dallas, Texas on March 5-6, 1985. More than 200 DM&S employees attended the conference, including physicians, social workers, and administrative staff. The objectives of the conference were to update field personnel regarding the special needs of ex-POW's, to provide staff with data from the statistical tracking system, to discuss the continuing treatment needs of ex-POW's, and to review the pertinent research studies related to ex-POW's. An attitude survey showed that the majority of the conference participants thought the program achieved its stated objectives. In addition, there have been well over 100 educational programs conducted in field facilities. The DM&S ex-POW cordinator has been conducting quarterly conference calls for the field facilities since June 1983.

Systematic external (quality assurance) reviews of the ex-POW programs in the field facilities have been conducted since May 1984.

In early 1984, DM&S developed a former POW statistical tracking system. Each medical facility was requested to provide information on ex-POW's who had entered the program as of July 1, 1983. The September 1985 report showed that approximately 19,100 ex-POW's had been examined.

During 1985 the VA provided funding ($131,670) to the National Academy of Sciences for an ongoing study on morbidity and mortality in former prisoners of war.

An investigator at VA Medical Center, Wichita, Kansas, is continuing his ongoing study of strongyloidiasis in ex-POW's who worked on the Thai-Burma Railroad.

DM&S regularly responds to inquiries from the Former Prisoner of War Hot Line.

Preventive Health Services[1]

The VA Preventive Health Program was implemented in FY 1985. Each VA medical center has appointed a Coordinator of Preventive Health Care who will

---

[1] *This information is included in compliance with section 663, title 38, U.S.C.*

BEST COPY AVAILABLE

report on the medical center's individual programs in FY 1986. Broad guidelines for these programs were provided by the DM&S preventive health care task force with input from an ad hoc field advisory group reflecting field expertise in prevention research and practice.

The program stresses nine interventions based on areas of high mortality and morbidity in the VA patient population, existing program capacity, and DM&S goals and objectives. These interventions are as follows:

- Hypertension screening and treatment
- Alcohol abuse counseling
- Nutrition and weight control
- Smoking cessation
- Physical fitness and exercise
- Influenza immunization
- Colorectal cancer screening
- Osteoporosis counseling
- Diabetic retinopathy screening

Two strategies received a special emphasis in FY 1985 which are scheduled to continue in FY 1986. The first was influenza immunization. A goal of immunization of 85 percent of high-risk patients was set and will be monitored on a quarterly basis. The other area which received special emphasis is physical fitness and exercise. Plans were developed to establish two centers: one at VAMC Hampton, Virginia, with overall responsibility for the national physical fitness effort, and one at VAMC Durham, North Carolina, to be involved in research regarding physical fitness and exercise in the elderly. Nine physical fitness specialists will also be based at VAMCs which have programs already underway.

Based on preliminary data available as of the end of FY 1985, over two million veterans received preventive health care services in FY 1985.

Neurology Service

During FY 1985 there were neurological services provided at 85 VA medical centers, staffed by 320 physicians. The 2,400 operating beds and 39,000 inpatients treated remained at the same level as during FY 1984. Efficiency continued to increase, however, as the average length of stay (15.4 days) decreased by 10 percent compared to FY 1984. The four most common problems treated were cerebrovascular disease (30 percent), epilepsy (17 percent), dementia (15 percent), and neuromuscular disease (13 percent). Together these problems account for three-fourths of the clinical workload. The 310 house staff positions allocated to Neurology also reflect no change from FY 1984. These positions account for 25 percent of all neurology training positions in the United States.

Nuclear Medicine Service

In FY 1985 the VA Nuclear Medicine Service employed 116 physicians, 62 residents, 48 physicists, 29 chemists, and 506 technical personnel. The 129 Nuclear Medicine programs provide diagnostic and therapeutic services. Ultrasound examinations are performed in 22 Nuclear Medicine Services. Approximately 3 million nuclear medicine procedures are done annually.

The nuclear medicine professional staff at the VA Medical Center, St. Louis (Cochran), Missouri, continues to provide excellent diagnostic care to veteran patients at seven satellite facilities by a computerized nuclear medicine telecommunications network. Expansion of this network and establishment of three additional networks have been approved.

The first NMR (Nuclear Magnetic Resonance) unit, installed at the VA Medical Center, St. Louis (Cochran), Missouri, in the fall of 1983, provided 1,981 nuclear magnetic resonance procedures to veteran patients during FY 1985. A PET (Positron Electron Transformation) scanner at the VA Medical Center, West Los Angeles (Wadsworth), California, has been in operation since July 1985.

Nuclear Medicine Service also is involved in many research activities, such as the following:

Atherosclerosis, adrenal function, alcoholism, cardiac albumin turnover, bacterial function, blood brain barrier, blood cell tumor localization, bone marrow, cerebral circulation cardiology, catecholamines, endocrine function, immunology, inflammation, kinetics of tumor localization, nuclear magnetic resonance, peripheral vascularity, positron scanning, radiation wound healing, radiopharmaceuticals, renal transplants, thyroid function, and monoclonal antibodies for the diagnosis and therapy of cancer.

A nuclear medicine study of the heart is being conducted to determine damaged heart muscle.

The scope of technological developments is shown by these activities:

- Siting of the first Veterans Administration cyclotron at the VA Medical Center, West Los Angeles (Wadsworth), California; the second at the new hospital at VA Medical Center, Minneapolis, Minnesota;
- Establishment of PET scanners at the following VAMCs: Madison, Wisconsin; Minneapolis, Minnesota; Washington, DC (in cooperation with NIH); West Los Angeles (Wadsworth), California;
- Development of the concept of diagnostic processing centers, total record archive communication systems, picture archival communication systems and diagnostic algorithms.

The Veterans Administration Central Office Nuclear Medicine Service, in fulfilling its responsibility for matters pertaining to veterans who were at STAIR (Sites of Temporarily Augmented Ionizing Radiation), addressed these matters:

- Continued development of a framework for an epidemiological study;
- Dissemination of literature on low-level radiation health effects, together with an examination protocol to all VA medical centers and claim adjudication centers;
- Interagency liaison with agencies whose work is germane to STAIR veterans.

Educational activities include the planning of, and participation in, RMEC's (regional medical education centers) such as the one at the Veterans Administration Medical Center, Northport, New York, on NMR (nuclear magnetic resonance) and nuclear medicine technologist programs. A nuclear medicine study of the heart is being conducted to determine damage to heart muscles.

Radiology Service

Radiology Services in the Veterans Administration performed over 5,000,000 x-ray examinations in FY 1985. The total number of studies has remained relatively constant over the past three years, but complicated procedures such as interventional radiography have more than doubled, and computerized tomographic studies have increased by over 40 percent.

There were over 18,352 patients treated in the 26 radiation therapy facilities.

An additional 16 CT (computerized tomography) machines were purchased in September 1985. Eighty-six medical centers now have CT equipment installed.

The software program necessary to computerize the reception, reporting, and recordkeeping functions of radiology was completed during the year and is now in place at several VA medical centers. It will be distributed to all hospitals and clinics as the appropriate hardware becomes available.

A radiological procedure, called a tomograph, is being done to detect the presence of infection or other abnormalities within the skull.

BEST COPY AVAILABLE

Dentistry

The VA manages the largest hospital-based dental care system in the United States, operating dental facilities and providing full-time staff at all VA medical centers and at a number of outpatient clinics.

Through the continued use of field advisory groups, the Office of Dentistry received input on policy issues from task forces made up of personnel actively involved in the administration of clinics and/or treatment of patients. The topics included dental treatment of extended care patients, educational programs, use of weighted work units, and the identification, assessment, and training of candidates for Dental Service Chief positions.

Dental assistants from twelve VA medical centers received training in expanded functions at the Western Dental Education Center in West Los Angeles, California. As a result of this training, a more efficient array of services has been expanded at these locations and dental auxiliaries are offered career advancement opportunities.

In FY 1985, a collaborative project among the VA, the NIA (National Institute on Aging), and the NIDR (National Institute for Dental Research) neared completion. An agenda being prepared for publication contains the research recommendations of national experts on the oral health and related problems of the elderly. A catalog of relevant resources and activities among the three agencies has also been completed. Staff of the NIA, NIDR, and VA are preparing an implementation plan recommending cooperative efforts among the participating agencies to achieve the research objectives.

The second group of five VA-trained dentist geriatric fellows completed a two-year program. Through an innovative process involving submission of proposals by VA health care facilities, four sites were added to the original five chosen in which to place these uniquely trained individuals. This highly successful recruiting procedure has allowed the Department to capitalize on the training investment and has provided a mechanism for evaluating the contributions of dental geriatricians. Presently, nine of the ten fellows who have completed the program are continuing their career in the VA, where their knowledge and clinical expertise is available to the ever burgeoning population of elderly veterans. The Council on Dental Health and Health Planning of the American Dental Association and the Warner Lambert Company's Oral Hygiene Groups selected the VA Geriatric Fellows Program as a meritorious winner in the 1985 Geriatric Dental Health Care Award competition. The award cited the extensive background that VA residents receive in the oral health needs of aged individuals, both infirm and healthy.

During FY 1985, preparations were completed for a new dental data system which will be introduced in FY 1986. The new data system will provide the capability to assess the performance of dental services and will provide a valid data base for the staffing performance criteria which are currently being evaluated in the Department of Medicine and Surgery.

Development of eleven interdisciplinary health care protocols was completed; these protocols have received broad acceptance. The American Dental Association's Council on Hospital and Institutional Dental Services is considering the use of these protocols as a model for hospital dentistry nationwide. Related courses presented in the Dental Education Centers and the Regional Medical Education Centers have enhanced the ability of VA dentists to treat patients.

A Quality Assurance Administration Plan was developed by Dentistry to be used as a prototype for the Department. The concepts in this plan include intervention as well as evaluation and are directed at improving the levels of care provided to veterans.

As shown in the accompanying table, 116,867 outpatient beneficiaries were treated by VA dental staff, representing a 5 percent increase over FY 1984. A 6 percent decrease in the number of patients seen by private sector dentists over the previous year also took place, resulting in a savings of approximately $730,000 in fee-basis funds.

In comparison to the dramatic fee-basis reductions experienced in previous fiscal years, the decrease in FY 1985 over FY 1984 was a moderate one. It appears that this program has reached a plateau and that expenditures will remain relatively constant in the near future.

Dental Service-Connected Outpatient Program

Item	FY 1985	FY 1984	FY 1983	FY 1982	FY 1981
Staff and fee cases—Total completed	139,455	135,556	138,534	149,700	160,564
Staff cases completed	116,867	111,643	107,653	97,768	86,036
Yearly change	+ 5,224	+ 3,990	+ 9,885	+ 11,732	+ 11,705
Percent change	+ 5	+ 4	+ 10	+ 14	+ 16
Fee cases completed	22,588	23,913	30,881	51,899	[1]74,528
Yearly change	– 1,325	– 6,968	– 21,018	– 22,629	+ 2,978
Percent change	– 6	– 23	– 40	– 30	+ 4
Funds obligated (thousands)	$ 12,600	$ 13,330	$ 16,954	$ 30,548	$ 50,305
Yearly change (thousands)	–$ 730	–$ 3,624	–$13,594	–$19,757	–$ 3,890
Percent change	– 5	– 21	– 45	– 39	– 7

[1] *P.L. 96-22 increased workloads.*

Optometry Service

The Optometry Service continued to solidify the gains made in past years in roviding improved and expanded optometric patient care. Primary among these gains were those in the number of teaching affiliations between the VA medical centers and outpatient clinics and the Nation's schools and colleges of optometry. Beginning with one teaching affiliation for two optometry interns in 1972 at the Birmingham, Alabama, VA Medical Center, the affiliations now total 32 VA medical centers that are training optometry interns and 29 VA medical centers that are training optometry residents. The VA has also been a pioneer in providing residency training for graduates of the schools and colleges of optometry. These residency programs are of one year's duration and provide the recently graduated and licensed Doctor of Optometry the opportunity to see a wide variety of patients in a medical center environment. These residencies prepare Doctors of Optometry to subsequently serve as clinical faculty at the schools and colleges of optometry, to join the staffs at VA medical centers, or to accept positions at hospitals and health maintenance organizations as well as interdisciplinary group practices.

The number of patient visits to optometry clinics continues to grow. Due to the rapidly aging veteran population, the number of visits will increase at an ever increasing pace. Because of this, the Optometry Service has initiated training programs for field staff in the care of geriatric patients, particularly in the area of the partially sighted older veteran. Several facilities have initiated or are preparing to initiate VICTORS (Vision Impairment Centers To Optimize Remaining Sight) in order to address this need.

Due to the high caliber of optometry staff recruited into the VA as a result of Public Law 94-581, there has also been a substantial increase in the number of research papers presented and published by VA optometric staff. VA Doctors of Optometry now hold key positions in the American Academy of Optometry and serve on various editorial boards, as well as contribute numerous articles to the profession.

The Council on Optometric Education of the American Optometric Association has made site visits to every VA residency training program. These visits have resulted in all programs being accredited by the Council. Efforts were undertaken during the year to establish oversight mechanisms with the Council on Clinical Optometric Care of the American Optometric Association.

Podiatric Service

During FY 1985 the Podiatric Service continued to work with VA medical centers and clinics in the expansion of patient care programs, with particular emphasis on the aging veteran.

The Podiatric Service, in conjunction with the Rehabilitation Research and Development Service, sponsored a program on the Insensitive Foot in September 1985 in San Diego. The program was attended by podiatric, orthopedic, medical, and rehabilitation specialists from around the country and represented VA and non-VA clinical and research programs.

Podiatric residency and student training programs in the VA continue to attract large numbers of candidates from the colleges of podiatric medicine. During FY 1985, 34 VA medical centers sponsored Podiatric Residency Programs. In addition, the Department of Defense maintained sharing agreements with several VA medical centers for training military podiatrists in post-doctoral education.

Major podiatric research projects are also underway on diabetic foot disease. Each project is sponsored by the Podiatric Section of the medical center and works cooperatively with the Medical and Surgical Services at the VA and the respective affiliated medical college.

Pathology Service

Significant progress in management information systems design and its application to VA medical center laboratory operations highlighted the past year's activities. The monograph "Managing Clinical Costs," published by the Veterans Administration, was distributed to all VA medical center directors and chiefs of Laboratory Service in March 1985.

Designed as a consultative tool to identify the areas of laboratory practice that are known to produce the greatest utilization of resources in VA medical center laboratories, the monograph, enthusiastically received by VA medical center directors and managers, allows each laboratory to compare itself with its clinically and functionally similar peers. The graphic peer group displays easily illustrate differences and similarities in staffing, operational costs, fee basis costs, and equipment lease/rental costs for each laboratory within its own peer group.

Responding to the need for complex immunologic testing for potential AIDS (Acquired Immune Deficiency Syndrome) patients, Pathology Service chose three highly advanced VA medical center laboratory sites as nationwide reference laboratories for AIDS diagnosis and monitoring during FY 1985. Strategically located at the New York, New, New York; San Francisco, California; and Milwaukee, Wisconsin, VA Medical Centers, these laboratories now provide a complex battery of tests that will assist clinicians in establishing the diagnosis of AIDS, differentiating it from other viral and neoplastic diseases.

The specialized tests, using monoclonal antibodies and computerized laser cytometry, can also advise clinicians if the disease is in the early, middle, or late phases, therby assisting in discharge planning for ambulatory care. More laboratories are planned in the near future, as training progresses, and equipment becomes available.

A version of the laboratory software for the DHCP (Decentralized Hospital Computer Program) Computer System was verified and accepted by the

Laboratory SIUG (Special Interest Users Group) in April 1985 with subsequent delivery to all six ISC's (Information Systems Centers) in May 1985. Each ISC has replicated and distributed the laboratory software to each VA medical center in its jurisdiction.

The entire DHCP system for all VA medical center laboratories is expected to be operational by September 1986, although the majority of laboratories in the larger medical centers were already partially or fully operational in the latter half of FY 1985. Subcommittees of the laboratory SIUG have been formed to deal with aspects of future lab software development.

In May 1985, a conference/workshop entitled "Laboratory Diagnostic Related Groups: A New Method of Reducing Laboratory Costs" was held in Washington for selected VAMC clinicians and pathologists. At that time, over 100 DRG (diagnosis related group) principal diagnoses had been matched with clinical histories for the Medical Knowledge Self-Assessment Program. A cost reduction survey using LDRG's was mailed to selected VA medical centers in December 1985, the results of which will be used as both a cost containment tool and an education module for reducing the number of laboratory tests used for each DRG category seen in VA medical centers.

As an integral part of the LDRG methodology, the ICAT (Instrument Cost Analysis Technique), a cost accounting technique for determining the cost per test for automated laboratory instrumentation, was developed during FY 1985. Cost data were received from selected VA medical centers for several different automated analyzers, and were assembled and tabulated. The ICAT includes all direct and indirect costs for the following categories: pre-analytical, analytical, and post-analytical labor costs as well as costs for reagents and disposables.

It is expected that this technique will allow nationwide dissemination of information on comparative costs for specific brands of laboratory analyzers to all VA medical center laboratories.

The LFAC (Laboratory Functional Activity Checklist) is an extension of the predesign checklist (used for capturing data relative to planned laboratory construction/renovation) and is included as part of the "Managing Clinical Costs" publication. The data obtained from the submission of these forms have enabled Pathology Service to make further distinctions among peer group laboratories, based on a scoring system for the number of actual functions performed by each laboratory. In addition, comparative staffing data, including GS levels, is obtained using this format, which permits development of staffing guidelines representative of each laboratory section's level of activity.

During FY 1985 a computer program was written to determine laboratory space requirements for construction/renovation projects. Laboratory space requirements generated are tailored to the activity levels of specific VA medical center laboratories. This new approach to assigning space using combined hospital clinical activity and laboratory demographics is expected to significantly reduce future space requirements for construction of laboratories.

In March 1985, an updated version of the LCAP (Laboratory Clinical Activity Profile) was produced. The LCAP is Pathology Service's comparison of peer group laboratories of similar clinical activity. Using the computer resources of the National Institutes of Health, a cluster analysis was performed on selected laboratory data extracted from VA's data systems. The percentage of laboratory effort expended on behalf of medical, surgical, and staff outpatient visits was compared to the levels of laboratory activity observed in the chemistry, hematology, and microbiology sections. Collectively, these figures represent a nationwide average of 90 percent of all test request input and 85 percent of all laboratory output. In FY 1985, the methodology was refined by adding VA medical center turnover rates and total annual staff outpatient visits to the analysis.

This method allows Pathology Service to plan space, staffing, equipment and budget resources effectively, by categorizing the clinical and functional similarities of VA medical center laboratories.

During FY 1985, Pathology Service extensively revised quality control measures for diagnostic surgical pathology and autopsies (systematic external review of surgicals and systematic external review of autopsies). This was accomplished through a sharing agreement with the Armed Forces Institute of Pathology. The revision became effective in the first quarter of FY 1985 and is expected to enhance the accuracy of diagnostic surgical pathology and cytology throughout the VA laboratory services.

As of September 30, 1985, there were 513 FTE pathologists, 191 FTE senior scientists, and 5,669 FTE technical staff in VA medical center laboratories. Laboratory testing was provided in 160 medical centers, 5 independent outpatient clinics, 38 satellite clinics, 3 regional office clinics, and 1 domiciliary. Forty-seven medical centers operated diagnostic electron microscopy units.

Comparative laboratory statistics for four selected years are shown in the table below:

Total Procedure (in millions)	Fiscal Year			
Clinical Pathology	1985	1984	1982	1981
Procedures (unit count)	173.2*	166.6*	232.0	216.0
Workload (unit value)	564.3 +	553.6 +	721.8	674.7
Blood Transfusions (unit count)	741,162**	727,539	623,510	587,613

**Total workload for FY 1985 (and 1984) decreased in comparison to FY 1982 due to the following factors:*

- *The method used for counting laboratory workload for most automated instruments was radically changed in 1983, by the CAP (College of American Pathologists), which sets the standard values for unit count and unit value. This event invalidates our 1983 workload totals.*
- *The unit of count is now the panel, or batch, rather than the individual test performed in such a panel or batch setup. Panel and batch testing form a large component (about 40 percent) of all VA laboratory testing.*

+ *The unit value associated with many procedures was also reduced by the CAP.*

***Units of blood and components transfused in FY 1985 showed a 1.9 percent increase over FY 1984. Veterans Administration laboratories again maintained their usual high percentage of blood procured from voluntary donors. For the past several years this has been 98 percent, repeated once again for FY 1985. Similarly, the VA's record for outdated blood has remained at two percent, which is below that of the national average for private sector hospitals.*

Procedure in Anatomic Pathology	Fiscal Year		
	1985	1984	1982
Surgical accessions	421,786	419,152	380,960
Cytology accessions	198,172	194,567	202,904
Autopsies	15,215	15,251	14,772
Autopsies as percent of death	30.5	32.0	33.2
Deaths	49,929	48,318	44,546

Surgical accessions in FY 1985 showed a gain of 0.63 percent over FY 1984 while autopsies as a percent of deaths showed a decline of 1.5 percent. Cytologies increased 1.9 percent from FY 1984.

Nursing Service

The executive development of nurse leaders through preceptorship training for the positions of Assistant Chief Nursing Service, Associate Chief Nursing Service for Education, and Associate Chief or Supervisor, Nursing Home Care Unit, continues to be a priority issue for Nursing Service. Selection of key nursing personnel is made by the use of performance-based interview concepts during the interview process.

Bioethical issues have been emphasized by Nursing Service via nationwide teleconferences and in nursing newsletters. Nursing Services at many medical centers have held workshops and conferences on bioethics for all levels of nursing employees.

By participating in establishing criteria and reviewing designs for renovations and new construction projects, Nursing Service is provided an opportunity for input into the design process for areas affecting nursing. This also assures that adequate space and privacy are provided for women veterans.

Nursing Services across the country have updated and developed policies and procedures related to infectious diseases, particularly AIDS (Acquired Immune

Concern is one of the key ingredients in serving the needs of the veteran patient.

Deficiency Syndrome). Additional program initiatives have emphasized female veterans and the aging veteran. Leadership and direction in the nursing care of the aged veteran have been particular concerns of Nursing Service.

Collaborative endeavors between chief nurses and deans of nursing schools are supported by Nursing Service. Participation of Deans' Committees, jointly sponsored conferences, and joint appointments are a few examples of collaborative efforts that impact on quality patient care. VA Central Office Nursing Service continues to maintain a formal liaison with the American Association of Colleges of Nursing.

The Nursing Administration Practicum Pilot Project which is designed to provide a structured learning experience in executive level nursing and health care administration for graduate nursing students, completed its first year. Fifteen nurses in eight VAMC's participated in 1985. Due to numerous requests, the number of positions available for this practicum has been increased.

A VA Gerontologic Nurse Fellowship Program was initiated this year. This program is a two-year fellowship for nursing doctoral candidates who have a clinical focus in geriatrics and gerontology. The program is in response to a critical shortage, both within the VA and nationwide, of geriatric nurse clinicians, educators, administrators, and researchers who are adequately prepared to provide leadership in long-term care to our aging population.

Nursing Service's SIUG (Special Interest Users Group) is actively involved in developing the computerized nursing information system. Nursing has been divided into six areas: order entry/results reporting, clinical, administration, education, research, and quality assurance. The nursing education and administration automated data processing package is currently being tested at the Hines, Illinois, VA Medical Center.

Research remains a significant focus of Nursing Service. The number of funded nursing research projects continues to rise. VA nurses are receiving funds from all VA intramural sources, and from other Government and private sources.
In FY 1985 VA Nursing Service sponsored at least 16 nursing research conferences. Nursing Service's commitment to nursing research ensures that nursing care for veterans is based on sound scientific principles.

In FY 1985, the Administrator of Veterans Affairs established the Administrator's Awards for Excellence in Nursing, for registered nurses, licensed practical nurses, and nursing assistants. The three annual awards were presented by the Administrator during National Nurses' Week.

VA nurses continued to receive significant national recognition for outstanding professional contributions. The National League for Nursing conferred the Jean MacVicar Outstanding Nurse Executive Award upon Vernice Ferguson, Deputy Assistant Chief Medical Director for Nursing Programs, in recognition of her leadership in the field of nursing administration. Also, a VA nurse, Dr. Barbara Davis, F.A.A.N., received the Gerontological Nurse of the Year Award from the American Nurses' Association.

Pharmacy Service

During FY 1985, approximately 47.1 million prescriptions for ambulatory patients were dispensed from 225 pharmacies. In addition, over 293 million inpatient medication doses and approximately 11.3 million intravenous and total parenteral nutrition solutions were prepared and distributed. The acquisition cost for drugs and pharmaceuticals was approximately $503 million.

In FY 1985, the major issues confronting Pharmacy Service were efficient resource management; computerization of outpatient and inpatient pharmacy services; continuing implementation of the unit-dose medication system; recruitment and retention of personnel; improved drug procurement activities; and promotion of quality and more patient-oriented services.

Drug expenditures in FY 1981, FY 1982, and FY 1983 increased 15.9 percent, 16.4 percent, and 28.8 percent respectively. In FY 1984, major efforts had been undertaken in promoting cost avoidance and efficient operational management. The increase was kept below 10 percent. Through continuing emphasis in improving pharmacy service management and control, FY 1985 showed the lowest rates of increases in the acquisition costs of drugs in the past five years, i.e., 7.2 percent, inclusive of inflation and greater utilization.

At the end of the fiscal year, total unit-dose medication systems were funded for 123 VA medical centers and over 63,000 beds. The program has resulted in a reduction in potential losses, lower probability of medication errors, less potential for diversion of drugs to street traffic, savings in nursing time devoted to medication activities, and complete medication profiles on inpatients.

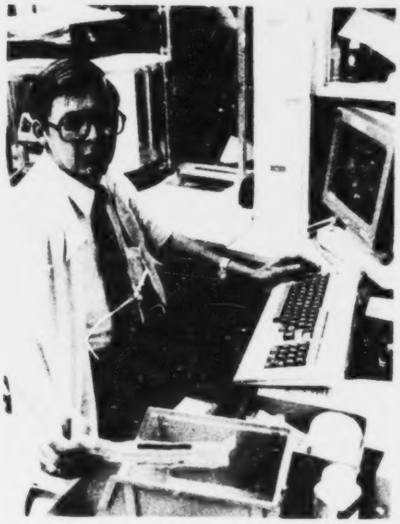
Pharmacy Service and Supply Service have jointly developed and successfully negotiated a special consolidated procurement plan for the medical districts with the three major manufacturers of large-volume parenterals and irrigation solutions. The efficient consolidated procurements of approximately 17 Federal supply system non-depot stocked line items will show a savings of approximately $4 million. Increased opportunities for consolidated procurements for other items not stocked in VA depots are anticipated.

The VA/DOD (Department of Defense) Shared Procurement Program continues to expand, resolving contract differences when they appear between the agencies. Joint usage of 363 contracts in FY 1985 totaled approximately $401.2 million. Over the past six years, VA and DOD realized a combined cost containment of approximately $84.8 million. In FY 1985, cost containment was approximately $17.5 million for the agencies.

Competition for pharmacists has intensified, especially in the greater New York area, the Great Lakes region, some southeastern cities, central Texas, and southern California. Pharmacy Service continues its recruiting efforts by working closely with Personnel Service and the VA Special Examination Unit for Allied Health Professionals based at the VA Medical Center, Richmond, Virginia.

The VA has provided funding for a total of 89 pharmacy residents in FY 1985. All VA funded residency programs are accredited by the ASHP (American Society of Hospital Pharmacists). Thirty-seven of the residents were enrolled in the clinical pharmacy program. Nine residents received training through the ITTG (Interdisciplinary Team Training in Geriatrics) program, which stresses the interdisciplinary team delivery of care to aged veterans. Two residents received training through a geriatric expansion program which offers extensive clinical experience in providing clinical pharmacy services to geriatric patients. In addition, eight pharmacy trainees received on-the-job managerial experiences from selected preceptors.

A SIUG (Special Interest User Group) comprised of Pharmacy Service personnel from the field and Central Office has been instrumental in assisting in the planning, development, and implementation of computerized pharmacy programs. During FY 1985, all VA medical centers received outpatient software. The inpatient software modules have been designed; testing and release of these modules is expected soon. The Pharmacy SIUG has completed a VA-developed Therapeutic Classification System and Reference Drug File to be implemented during FY 1986. To improve overall management effectiveness, Pharmacy Service has developed a strategic plan for Pharmacy Service computer programs, intended to integrate the operational modules in outpatient and inpatient programs with enhanced designs from related research development, a management information system, clinical information interface, and quality assurance activities.



Improved service in the outpatient pharmacy has been possible through computerization.

Clinical pharmacy services are becoming an important part of Pharmacy Service operations, not only improving the quality of health care related to drug therapy, but also supporting cost-efficient management techniques. A circular defining the role, functions, and clinical privileges of clinical pharmacy specialists has been developed and disseminated to the field. This circular has attracted national attention and the VA was recognized for its leadership in developing clinical pharmacy practice standards.

Dietetic Service

As the Nation's largest hospital-based food and nutrition organization, VA Dietetic Service served more than 81 million meals in FY 1985 at an average cost of $1.17 per meal. Comprehensive nutritional care is provided to veterans by approximately 12,000 personnel, including dietitians, dietetic technicians, and food service workers in 160 Dietetic Services serving all 172 medical centers. Clinical nutrition services are provided not only to hospitalized veterans, but also to those in ambulatory care and other community-based programs.

Efforts are being concentrated on early identification of patients at potential nutritional risk, which potentially affects length of stay. The establishment of standards and levels of nutritional care and clinical privileges assist in effectively meeting this goal. Dietitians with specialized knowledge are being recruited to meet the increasingly complex needs of these patient populations. Since there is little documentation or research on the impact of nutrition on average length of stay, research on nutritional status, total parenteral/enteral nutrition, micronutrients, and interrelationships between nutrition and specific diseases is being pursued.

In addition to prescribed patient education, clinical nutrition programs for food/drug interaction counseling and preventive health, including physical fitness, were major areas of focus. Dietetic Service also participated in quarterly patient health education conference calls.

Seven regional coordinators and staff from Central Office met to put issues in priority order and to establish direction to VA Dietetic Services.

A SIUG, composed of dietitians from the seven regions, a systems dietitian, a computer programmer, and a Central Office coordinator, plans and develops software for implementation in all VAMC's. Nutritional assessment, energy/nutrient analysis, patient movement, and supplemental feedings software programs were released to all VAMC's.

A conference on food service facility planning was held for recently appointed chiefs, Dietetic Service, involved in renovation or construction projects. The faculty (Central Office personnel, chiefs with experience in construction projects, and private industry representatives) focused on various aspects of the planning, design, and construction process.

A one-day conference for VA dietitians was held in Washington, D.C., in conjunction with the 67th Annual Meeting of the American Dietetic Association. Approximately 200 dietitians met with Central Office staff. Topics discussed were preventive health, ADP, legal aspects of medical record documentation, and administrative management, specifically productivity.

At the annual meeting of the Clinical Nutrition Advisory Group, emphasis was placed on the elderly and malnutrition, the VA cooperative study on total parenteral nutrition, quality assurance for nutrition support, ethics, and computer support.

Monthly conference calls were held to provide information and guidance on such topics as JCAH (Joint Commission on Accreditation of Hospitals) requirements/changes, cost-effectiveness of clinical services, productivity, ethics, conflict of interest, and educational opportunities.

The Interagency Committee met on a regular basis to standardize subsistence items used in the federal hospital food service programs. This included deletion or inclusion of subsistence items and/or other aspects of subsistence procurement.

A nationwide job study to determine the role of dietetic technicians in the clinical nutrition program was completed and a qualification standard is being developed.

Clinical dietetic technicians provide cost-effective nutrition service to patients as well as support to clinical dietitians.

Because of the diversity of services available, VA dietitians provide clinical experiences for students in accredited college and university undergraduate, post-baccalaureate, master's degree, and non-VA internship programs. The VA also sponsors 11 dietetic internships. Recruitment brochures describing the variety of career opportunities and qualifications necessary for employment as a dietitian in the VA were recently revised.

Dietitians in the VA were recognized for their contributions to the profession by being selected for Leadership VA training; Speaker, House of Delegates of the ADA (American Dietetic Association); National ADA Ambassador; recognized young dietitians award; and state dietetic association presidents.

Social Work Service

Through increased emphasis on the provision of discharge planning, case management, and community resource development services, Social Work Service has expanded the continuum of care required to support the health care needs of a rapidly expanding population of chronically ill, frail, elderly veterans. Nearly 270,000 veterans were placed in the community during this period with over 189,000 returning to their own homes through the availability and integration of appropriate support services. Over 400,000 veterans were provided health care through staff field travel. A primary focus of Social Work Service during the past year has been continued development of and effective linkage with the full range of community agencies and services specifically focused on the elderly. Through joint planning, training, and service delivery initiatives with agencies on aging, State offices on aging, and the broad aging network, social workers have contributed to the development of such services as adult day care, home health services, transportation, residential care, nutrition programs, family support services, peer support groups, and use of volunteer support networks. VA consultation and assistance to communities in the planning and development of community based services has expanded their availability to veterans as well as to citizens of the larger community.

Publication of a directive to VA medical centers on "Coordination of VA Health Care Services and Local Programs" provided policy guidance in expanding the range of community support services and resources needed to care for veterans who otherwise would be at risk for unnecessary or premature institutional care.

Community services coordinators have been appointed at all VAMC's to serve as a focal point of contact between the facility and the community health and social services network. These senior-level social workers serve as the focal point of contact between the VA medical center and the health and social services network including area agencies on aging; provide an indepth identification and assessment of existing community health, social support, and volunteer services required for the long-term care needs of veterans and others needing assistance; and promote the development of joint planning and service delivery initiatives consistent with VA health care objectives. National training focused on system-wide development and expansion of health care planning and service delivery models to meet the special needs of chronically ill, frail, elderly veterans. It was attended by all community services coordinators.

Results of a nationwide survey of Social Work Service's continuing education requirements will be used by the RMEC's (Regional Medical Education Centers) to provide future training. During FY 1985 the VA provided field training experience for 815 graduate social work students in health care. Affiliated with all graduate schools of social work, the VA is the largest trainer of social work interns in the Nation.

The revision of a circular entitled "Social Work Responsibilities in Discharge Planning" has placed increased emphasis on returning hospitalized veterans to the community at the most appropriate level of care and served as a model for policy development by the Society for Social Work Directors of the American Hospital

Association. Program planning and development activities have been initiated in areas of case management/care coordination; health care planning; preventive health care; rural health care/outreach services; and long-term care. National priorities related to the homeless have been addressed through participation on the Federal Task Force on the Homeless and through the development of actions or community initiatives by 52 VA medical centers.

Social Work Service has implemented systemwide high-risk screening programs to assure the early identification of patients who may encounter problems in returning to the community; to facilitate access to non-VA care and resources; and to improve patient management practices. In addition, the special interest users group has completed development of software modules on case registration and tracking; community resource directory; and contract nursing home program management.

Recreation Service

Patient care services provided by recreation therapists affect veterans and their families throughout the VA health care system—in inpatient programs, ambulatory care, and in community based programs.

These broad-based therapeutic recreation programs were developed on assessed patient needs to assist inpatient care, improve the quality of life, and facilitate re-entry into the community.

In order to supplement appropriated funds for these programs, a network of organizations was invited to participate by providing funds, goods, and services. In FY 1985 26 national organizations contributed $12 million to patient care through therapeutic recreation programs. For the contributions made to patient care in this manner, the National Resource Organizations and Recreation Service were awarded the Private Sector Initiative Commendation by President Reagan in April 1985.

Several program initiatives were taken to establish linkage with State and area agencies on aging in support of joint planning in the development and delivery of services to the veteran population. Other successful national activities conducted by Recreation Service included wheelchair games, bowling tournaments, national music festivals, winter sports clinics, art shows, and the golden age games.

Chaplain Service

To fulfill its primary mission of providing spiritual care for the veteran, Chaplain Service employs clergymen of the major faith groups to make available to the veteran patient pastoral counseling, the sacraments, regular corporate worship service, spiritual aid and support in times of crisis, and proper care for the veterans and their families at the time of serious illness and death.

Chaplain Service provides spiritual comfort during the holiday season.

Operating under the administrative aegis of the Assistant Chief Medical Director for Clinical Affairs, there are a Director and two Deputy Directors in Central Office.

Each of the VA medical centers operates under a Chief of Chaplain Service who supervises the work of the chaplains and the pastoral programs in the individual medical centers.

In addition to the hands-on ministry to the veteran and his or her family, each medical center Chaplain Service has promoted workshops, educational programs, and innovative pastoral programs for the benefit of the local clergy and volunteers, and the chaplains have also promoted good community relations in their frequent contact with the local clergy and the local community activities.

To further foster the work in the field, Central Office has arranged for the establishment of a national Chaplain Training Program for VA chaplains; it will be located at a major medical center.

Veterans Canteen Service

The VCS (Veterans Canteen Service) operates retail stores, cafeterias, vending machines, and service activities located in each of the VA's 172 medical centers.

Offering articles of merchandise and services essential to patient comfort at reasonable prices, the VCS also makes food services available at reasonable prices to VA medical center employees, volunteers, and visitors, as well as patients.

Sales results for FY 1985 were as follows:

Retail sales	$101,894,060.20
Service sales	4,538,761.29
Cafeteria sales	57,357,790.13
Vending sales	19,244,829.87
Total	$183,035,441.49

Total sales increased slightly over those for FY 1984, when sales totaled $182,564,789.00.

The VCS is a non-appropriated operating component. As a result, the VCS, through its revolving fund, pays all its operating expenses, including salaries, and makes annual payment to the VA for rent, utilities, and other services provided. By consolidating its operating income, the VCS is able to provide the same level of service throughout all 172 VA medical centers, and the same services and level of service are provided in small, non-profit canteens as in larger operations.

During FY 1985, the VCS installed and implemented an automated budget system. This on-line link between the VCS Finance Center in St. Louis, Missouri, VCS Central Office, and VCS field offices has made financial and accounting data available to these offices more rapidly and more accurately, facilitating decision-making.

During FY 1985 the VCS Finance Center fully implemented a financial management information system. With the use of this system, 270,000 invoices and a matching number of receiving reports totaling $108,000,000 in payments were processed. In addition, the Finance Center audited and processed more than 10,000 weekly and monthly sales reports and produced monthly financial statements for up to 14 different merchandise departments for all 172 reporting canteens.

A strategic and tactical planning exercise was initiated during the fiscal year to determine refinements necessary to VCS merchandising and marketing procedures in light of changes in demographics and geographic distribution of the veteran population, changes in the retailing and food industries, changes in lifestyles and purchasing patterns of American consumers, and other pertinent factors. As a result of this exercise a number of changes have been implemented. These include formulation of a uniform signage program, upgrading of cafeteria luncheon specials, exploration of the testing of a fast-food franchise approach for selected medical centers, and seeking the consultant services of a resident independent New York City buying office to improve the capability to provide merchandise listings and information to individual canteen chiefs.

The VCS Merchandise Division is responsible for contacting manufacturers, "shopping the market," identifying items of merchandise which individual canteen chiefs can purchase for resale, and establishing price agreements for products that will meet the needs of hospitalized veterans. During FY 1985, 25 visits were made to the New York market for this purpose. In addition, more than 400 vendor contacts were made. Also during the year, the buying office was strengthened with the establishment of a buyer position for ladies' ready-to-wear and accessories.

The VCS Design and Layout staff developed new layouts during the fiscal year for 10 retail store remodelings and 10 cafeteria remodelings. These ongoing modernization programs are generally initiated by the acquisition of new space or refurbishing of existing space at VA medical centers. In addition, this staff, working together with staff of the Retail Store Division and the Food Management Division, identified new retail and food equipment manufacturers, new retail fixtures, and new food equipment for testing and inclusion in remodeled and newly constructed VCS facilities.

Video and print media training modules continued to be developed and produced, in conjunction with the VA's Learning Resources Center in St. Louis, Missouri, in an effort to enhance the existing VCS training program and to improve the productivity and service at our canteens.

Voluntary Service

In FY 1985, volunteers increased their participation in programs designed to assist veteran patients in VA medical facilities and the community.

Over 83,000 volunteers provided more than 12.2 million hours of service and millions of dollars in supplies, equipment, and monetary donations. Volunteers continued to serve in virtually every aspect of medical center operations and participated in such innovative programs as adopt-a-grandparent, palliative care, pet therapy, and physical fitness. There are also VA Voluntary Service-sponsored programs which benefit patients by involving them in community activities. Domiciliary members became little league umpires, nursing home care residents gave parties for deaf children, and long-term care patients helped sponsor holiday events for handicapped youths. These off-station activities allowed patients to feel needed and appreciated as well as giving them a refreshing change of scenery.

As a result of increased volunteer participation, three additional national organizations qualified for and accepted associate membership on the VA Voluntary Service National Advisory Committee, thereby raising the number of member organizations to 54. The new organizations are the Fleet Reserve Association, the Italian-American War Veterans Auxiliary, and the Paralyzed Veterans of America.

Each year at its annual meeting, the VA Voluntary Service National Advisory Committee presents an award, named in honor of the first Director of Voluntary Service, to the person judged to be the most outstanding youth volunteer. The 1985 winner of the James H. Parke Memorial Youth Scholarship Award was Julee Miller, a volunteer at the Bay Pines, Florida, VA Medical Center, who contributed more than 1,400 hours assisting veteran patients in corrective therapy. With the award, Miss Miller received the interest ($2,000) from an open and permanent account established by contributions of member organizations, volunteers, and VA staff members.

Volunteers and their service, civic, and fraternal organizations contribute greatly every year to the Annual National Salute to Hospitalized Veterans. The purpose of this major public relations effort is to pay tribute and express appreciation to the thousands of veterans hospitalized every year; establish and promote a continuing awareness of these deserving Americans; enhance and broaden community involvement beyond those who work regularly at medical centers throughout the year; and encourage Americans of all ages to participate and to interest them in serving as medical center volunteers year-round. Traditionally, the VA has a celebrity honorary chairperson and 1985 was no exception. Mr. Ted Knight, an actor in the "Mary Tyler Moore Show" and the "Too Close for Comfort" television series, and a decorated World War II veteran, visited several VA medical centers and gave generously of his time.

VA Voluntary Service has its own extensive award system, but numerous volunteers received recognition for their service to veterans from other sources. Several were given awards by their organizations and by local media; two were highlighted on "The American Character" national radio program, hosted by Dr. Norman Vincent Peale, and one was honored by President Reagan during National Volunteer Week.

Academic Affairs

The VA conducts the health professions' largest coordinated training effort in the country. Its purpose is twofold:

- To assist in recruiting and retaining sufficient numbers of all categories of professional health service and administrative personnel to meet the needs of a high-quality VA health care system, and to contribute to the Nation's health manpower pool. Each year, over 100,000 students receive some or all of their clinical training in VA facilities through affiliation with over 1,000 educational institutions.
- To provide continuing education for DM&S employees to maintain and learn new skills and knowledge at their VA health care facility or at DM&S continuing education field units. Nineteen such field units are geographically dispersed across the VA system. Over 70,000 training episodes for VA employees were supported in FY 1985, including 12,915 through a teleconferencing program which avoids travel costs and travel time associated with traditional workshops.

The DM&S education and training effort is accomplished through coordinated programs and activities administered by the Assistant Chief Medical Director for Academic Affairs. At 83 VA medical centers, educational programs are headed by an ACOS/E (Associate Chief of Staff for Education) to provide a single focus for health education activities. The ACOS/E's also serve the facility by involvement in quality assurance programs, strategic management, education, research, and patient care, in addition to their responsibilities for management of education programs.

VA Health Professional Scholarship Program

The Health Professional Scholarship Program, established under Public Law 96-330, assists in providing health care personnel for the VA. Since 1982, 1,081 scholarship awards have been made in the field of nursing to full-time baccalaureate and master's degree nursing students. One hundred ninety-one of the awards were made in FY 1985.

A 1982 amendment to the Scholarship Program legislation permitted awards to full-time VA health care employees enrolled part-time in baccalaureate nursing degree programs. The first awards were made in FY 1984 to 91 part-time students; another 69 awards were made in FY 1985.

Overall, 600 scholarship participants have completed degree requirements and are in service obligation at 120 VA medical centers. Scholarship participants bring current knowledge and clinical skills to the care of veteran patients.

Assistance for Health Manpower Training Institutions

Since 1974, when the Health Manpower Training Grant Program was initiated, the VA has done the following:

- provided essential resources for the creation of five new state medical schools to be operated in affiliation with VA facilities and community hospitals.
- supported 18 medical schools with established VA affiliations to improve and expand existing programs.
- supported 138 grants to other health manpower training institutions for a variety of program enhancements in cooperation with one or more VA health care facilities.

The program of grants concluded in FY 1985, and the final annual report was sent to Congress.

Graduate and Undergraduate Education

In FY 1985, the VA supported approximately 8,000 full-time medical residency positions under affiliations with 101 medical schools. Special emphasis was given to supporting programs in psychiatry, primary care, anesthesiology, geriatrics, radiology, orthopedics, and physical medicine and rehabilitaion. Through similar arrangements, VA facilities also provided clinical education experiences for undergraduate medical students. Three hundred and twenty-eight positions were supported for dental residency programs. Advanced training in dental general practice received the largest portion of these positions. Students in nearly 50 additional recognized associated health professions and occupations came to VA facilities for clinical experience.

The table reflects the status of VA's health care training efforts by discipline.

Discipline	Number of Trainees	
	FY 1985	FY 1984
Total	105,282	100,860
Medical house staff	29,033	27,380
Medical students	22,789	22,334
Dental house staff	941	911
Dental students	954	811
Nursing	28,598	27,393
Social work	950	999
Psychology	1,285	1,166
Other health professions and occupations	20,016	19,243
Administrative	716	623

All VA medical centers participated in these education and training efforts. Approximately 20 percent of the students coming to VA health care facilities to complete their clinical training received a stipend or trainee salary. Payment is in recognition of the significant patient care given by students in the fields of medicine, dentistry, nursing, psychology, social work, and other associated health professions.

At mid-FY 1985, 10,764 VA physicians, dentists, and other staff held faculty appointments at affiliated health science schools and colleges. A decade earlier, the number was 4,825.

VA Physicians, Dentists, and Other Staff
(Full-time and Part-time)
With Faculty Apointments

May 1985

Academic Title	Total	Physicians	Dentists	Other Staff
Total Faculty Appointments	10,764	8,169	594	2,001
Professor	1,460	1,326	34	100
Clinical professor	262	204	24	34
Associate professor	1,669	1,403	66	200
Associate clinical professor	577	428	61	88
Assistant professor	2,988	2,531	134	323
Assistant clinical professor	1,421	1,068	131	222
Instructor	756	502	30	224
Clinical instructor	797	378	93	326
Lecturer	85	41	6	38
Other titles	749	288	15	446

Fellowships

To meet the special needs of veterans and to provide national leadership, specialized physician fellowship programs were established in 1978. The initial program was instituted for physician fellowships in geriatrics. Since then, fellowship programs for physicians in spinal cord injury and substance abuse, and for dentists in geriatric dentistry have been implemented. In 1984, a competitive review resulted in an increase of geriatric training sites from 12 to 18. These physicians and dentists receive two years of advanced training which enables them to provide leadership to the VA and to community programs dealing with these special health problems.

FY 1985

Program Category	Year Program Initiated	Number of VAMC Training Sites	Number of Fellowships Funded	Fellowships Completed Through June
Geriatrics/Gerontology				
Physician	1978	18	51	101
Dentist	1982	5	10	10
Spinal cord injury	1980	5	10	35
Substance abuse	1980	5	12	22
Total			83	168

Interdisciplinary Team Training in Geriatrics

Based on the premise that health care delivery by a team of health professionals is a more efficient utilization of personnel and results in better patient management, especially for the elderly, 12 model ITTG (Interdisciplinary Team Training in Geriatrics) sites have been established. Physicians, nurses, social workers, psychologists, physical and occupational therapists, and other health-related disciplines participate in interdisciplinary team training in conjunction with ongoing geriatrics programs located at these 12 VA medical centers. During FY 1985, 183 students were provided funding support at the ITTG sites in the following disciplines—clinical nurse specialist, clinical pharmacy, audiology/speech pathology, social work, optometry, podiatry, psychology, and occupational therapy.

Summer Traineeships

VA medical centers experiencing difficulty recruiting associated health students because of their geographic location or the schools' class schedules were assisted by a special summer traineeship program. In FY 1985, 423 traineeships were funded at 137 VA facilities. Disciplines supported in this program include audiology/speech pathology, blind rehabilitation, psychology, and social work.

Clinical Nurse Specialist

In FY 1985, 124 master's level clinical nurse specialist student positions were supported at 27 VA facilities in the priority areas of geriatrics, rehabilitation, and psychiatric/mental health.

Nursing Administration Practicum

The Nursing Administration Practicum provides a structured learning experience in executive level nursing and health care administration for graduate nursing students enrolled in master's degree programs in nursing administration. Students selected for this practicum will have as preceptors both the Chief of Nursing Service and the Medical Center Director. Students concentrate on developing their skills in organizational problem solving, business management, and community awareness relating to nursing and health care management. During FY 1985, nine VA facilities were provided funding support for 21 students.

Geriatric Associated Health Training

A special priority program for geriatric education and training was instituted within VA medical centers, including those hosting GRECCs (Geriatric Research, Education and Clinical Centers). In 1985, 103 associated health trainee positions were approved at 54 VA facilities. Disciplines supported in this program include clinical nurse specialist, social work, psychology, occupational therapy, clinical pharmacy, audiology/speech pathology, and optometry.

Continuing Education

The goal of the DM&S continuing education program is to maintain and update staff skills and abilities necessary to provide and administer high-quality health care for veterans. Training is provided in all clinical, management, administrative, technical, and support areas based on health program requirements.

The organization of continuing education field units and other support activities is summarized in the following table.

Continuing Education and Learning Resources Field Organization

National/Regional Units[1]

VAMC Site	CEC	RMEC	RegLib	RPHEC	LRPC	DEC	ETC
Washington, DC	X				X	X	
Birmingham, AL		X	X	X			
Cleveland, OH		X	X	X			
Long Beach, CA		X	X	X			
Minneapolis, MN		X	X	X			
Northport, NY		X	X	X	X		
Salt Lake City, UT		X	X	X	X		
St. Louis, MO		X	X	X	X		
Little Rock, AR							X
West Los Angeles, CA						X	

Facility-Centered Units

Component	Number of VA Facilities
Cooperative health manpower education programs (Boise, Dublin, Erie, Fort Meade, Lincoln, Saginaw, Togus, Tuskegee)	8
Medical media production services	100
Patient health education programs	166
Library services	174

[1] *Legend:*
CEC - Continuing Education Center
RMEC - Regional Education Medical Center
RegLib - VALNET Regional Library
RPHEC - Regional Patient Health Education Coordinator
LRPC - Learning Resources Production Center
DEC - Dental Education Center
ETC - Engineering Training Center

Continuing Education Center

The CEC (Continuing Education Center) at the Washington, DC, VA Medical Center serves as a central coordinating point for designated education projects which are national in scope, including the national rehabilitation education program.

Regional Medical Education Centers

Consultation, coordination, support, and educational programming are provided by the seven RMEC's (Regional Medical Education Centers). The RMEC program, under Public Law 92-541, plays a pivotal role in the DM&S continuing education effort. Each RMEC supports between 20 and 30 DM&S facilities by providing extensive and intensive analyses of educational needs within its region as well as expert consultation and assistance to facilities on continuing education administration and operations. In addition to meeting regional needs, the RMEC's are the major vehicle for conducting national training programs. RMEC's sponsored 1,901 educational courses or activities in FY 1985 for 60,903 DM&S staff members.

In 1985, teleconference training was expanded from a pilot effort to a full-scale program. Teleconferencing equipment was installed in all VA health care facilities in 1984 and 1985. While teleconferencing has many limitations, its cost avoidance features, including travel cost and travel time, and its utility for providing organized training to staff previously not reached has made it a very useful tool in the DM&S continuing education effort.

Dental Education Centers

Two DEC's (Dental Education Centers) provide specialized continuing education activities for dental employees. Activities include short courses, short residencies, and development of independent learning packages and audiovisuals. Several of the DEC courses are unique to the VA in that they focus on hospital dentistry.

Engineering Training Center

The ETC (Engineering Training Center) at the Little Rock, Arkansas, VA Medical Center provides short courses and correspondence courses for DM&S engineers and engineering technicians. This training program has proven highly cost-effective in maintenance of biomedical equipment.

Cooperative Health Manpower Education Program

At eight remote VAMC's, community-based sharing arrangements under the VA's Cooperative Health Manpower Education Program provide a wide variety of educational offerings to joint audiences of VA and community health care personnel.

Patient Health Education/ Health Promotion

Patient health education consists of activities designed to contribute to the improved health status of veteran beneficiaries. These activities include facility management of patient health education services, development of patient health education programs for identified target populations, staff training, and direct interaction with individual patients and families. Patient health education/health promotion is an important component of health care services. Full-time patient health education coordinators are assigned to 22 VAMC's and to each RMEC. In addition, 90 percent of VA medical centers have established facility patient health education committees responsible to the Office of the Chief of Staff.

Library Services

The 174 VA health care facility libraries and Central Office Library Division comprise the VALNET (VA Library Network). They support the information and education needs of patients and of VA staff engaged in medical care, research, and administrative activities. The library provides reference, bibliographic, inter-library loans and circulation services to the entire health care team. Additionally, use of sharing arrangements expedites delivery of needed information and documents.

In FY 1985 the focus was on Agency priorities such as the DHCP (Decentralized Hospital Computer Program), VA research, geriatrics, and DRG's (Diagnosis Related Groups) in selecting 92 audiovisuals and 25 books for network-wide distribution. "Vietnam: A Bibliography" was also prepared and distributed. To reduce the need for individual VA libraries to purchase, rent, or incur loan charges to obtain needed materials, the Central Office Library issued updates to national lists of books and journals available for free loan within VALNET. In response to the VA's emphasis on the use of automation to increase access to information, Central Office Library:

- Maintained a computerized data base of more than 13,000 audiovisuals and tested the feasibility of maintaining online files of all library materials held in VA Library Services.
- Began work on development of the library portion of the DHCP.
- Sponsored a course on library automation attended by 30 VALNET librarians, and a course on end-user searching attended by 11 VALNET librarians.

Medical Media Production Services

In FY 1985, Medical Media Production Services at 100 VA medical centers provided audiovisual materials and services in support of local patient care, research, and educational program efforts. More than 5.75 million work units were completed.

Medical Media Central Office staff provide field program oversight and support of VACO publications for professional recruitment and continuing education efforts, and the DM&S scientific exhibit program. Nearly 30 scientific exhibits were displayed at some 40 professional society meetings throughout the country.

Learning Resources Production Centers

During the year the four Learning Resources Production Centers completed and distributed 33 major teleproductions, and had an additional 80 titles in production. Highly regarded throughout the medical education community, these productions have won numerous international awards for their professional, technical, and artistic quality.

Late in 1985, a pilot project was instituted to validate the program and evaluate the cost-effectiveness of satellite distribution and delivery of audiovisual educational material. The network will link 22 VA medical centers in three medical districts in an interactive audio and video system. The link-up will be at VA Medical Center, Salt Lake City, Utah and responsibility for program development and oversight will rest with the RLRS (Regional Learning Resources Service) at the medical center.

Education Space and Facilities

Education space and facilities are provided in support of programs for patient education, continuing education for medical center staff, and training of students from affiliated academic institutions.

In FY 1985, support was provided to VA medical centers for 20 approved projects, including renovations to existing structures to improve or provide new conference/class rooms, libraries, and medical media production facilities, and to equip and furnish these facilities.

Research and Development

Research and Development continues to demonstrate valuable contributions to the VA's effort in meeting the challenging and changing health care needs of the Nation's veterans. For almost 40 years, VA clinical and research investigators have addressed the health care problems affecting veterans. The investigators' solutions have contributed to the advancement of health care, not only within the VA hospital system, but throughout the United States and in other countries as well.

As it has in the past, the medical and scientific community paid tribute to the work of many VA investigators with a variety of honors and awards:

- The William S. Middleton Award, the highest award given by the VA for achievement in biomedical research, was awarded to Kosaku Uyeda, Ph.D., of the VA Medical Center, Dallas, Texas, in recognition of his discoveries related to the enzymes that control glucose metabolism in mammals. Dr. Uyeda's work has important implications for future diabetes research.

- Ernest Burgess, M.D. of the VA Medical Center, Seattle, Washington, received the VA's Olin Teague Award—given for service to veterans with service-connected injuries—for his key role in the development of the revolutionary Seattle foot.

- Howard H. Chauncey, Ph.D., D.M.D., of the VA Outpatient Clinic, Boston, Massachusetts, received the Carl A. Schlack Award for outstanding contributions to dental education and research. The award is given by the Association of Military Surgeons. Dr. Chauncey is conducting a long-term study of oral health among veterans.

- Margaret Giannini, M.D., Director, Rehabilitation Research and Development, and the Administrator of Veterans Affairs, Harry Walters, were among 13 recipients of the first Presidential Award for Design Excellence for their support of the Seattle foot project.

- Ludwik Gross, M.D., Chief, Cancer Research Unit, VA Medical Center, Bronx, New York, received the Memorial Sloan-Kettering Cancer Center's Katharine Berkan Judd Award for his work toward the discovery of the cure for cancer. Recently, the discoverer of the AIDS virus said his work was built on the original discoveries of Dr. Gross.

- Leo E. Hollister, M.D., of the VA Medical Center, Palo Alto, California, was honored by the American College of Physicians with the William C. Menniger Award, in recognition of his pioneering achievements in the use of therapeutic drugs in mental illness.

- Abba J. Kastin, M.D., Chief of Endocrinology at the VA Medical Center, New Orleans, Louisiana, received an honorary doctorate in science from the University of New Orleans. Only the fifth honorary degree bestowed by the University, the award honored Dr. Kastin's pioneering work in the field of brain peptides.

- Richard N. Lolley, Ph.D., of the VA Medical Center, Sepulveda, California, was awarded the Jules Stein Living Tribute Award by Retinitis Pigmentosa International for his achievements in the field of vision research.

Medical Research

Medical research remains an essential element in the VA's effort to maintain the quality of the care it provides to the Nation's veterans. The value of the research program lies not only in the development of new knowledge that improves the diagnosis and treatment of disease, but also in the way it helps to meet the changing medical needs of the veteran patient. The latter benefit is particularly important at this time because of the increasing number of older veterans. Between now and the end of the century, the number of veterans over age 65 will more than double—to nine million.

For this reason, studies of the aging process and of diseases that affect the elderly are a high priority in the VA research program. More than 300 VA investigators are conducting some 400 aging-related research projects in such areas as Alzheimer's and other neurological disorders, immune system function in aging, osteoporosis, and blood pressure regulation. Progress in these areas would have a double benefit: improving the quality of life of elderly veterans, and reducing their need for costly, long-term medical and nursing care.

Other high priority research areas stressed by the Medical Research Service are schizophrenia, alcoholism, spinal cord injury and tissue regeneration, delayed strees disorders, health problems of female veterans, and Agent Orange.

The basic goal of all medical research within the VA system is to improve patient care. This is exemplified by the cooperative studies program, in which investigators at a number of different VA medical centers test a common protocol on large numbers of patients under strictly controlled conditions. Twenty-four such studies are now in progress. An additional eleven are in the planning phase, and six are in the final phase of analysis. The following examples illustrate the benefits of the cooperative study approach:

- In an effort to find the most effective and least toxic initial treatment for certain types of epileptic patients, investigators at 12 VA medical centers will compare carbamazapine—the best of four drugs studied in a previous cooperative study—with a newer compound, valproic acid.
- A randomized clinic trial to determine whether chemotherapy followed by radiation therapy provides a viable alternative to surgery and radiotherapy in patients with advanced, operable laryngeal cancer is being conducted in 14 VA medical centers. A major advantage of the nonsurgical approach—if successful—is that the patient would retain his or her natural speech.
- A study is being conducted in 10 VA medical centers to determine the efficacy of specific anticoagulant drugs in keeping grafted arteries open after coronary bypass heart surgery. This is an extremely important study in that the success of this operation is dependent on the long-term openness of these grafts. The VA medical center population is ideally suited for this study, since coronary artery disease affects mainly middle-aged men.
- A study comparing surgical and medical treatment for asymptomatic arotid stenosis and its importance in the development of stroke is being conducted at 10 VA medical centers.
- A study comparing the efficacy of angioplasty and of bypass surgery in the treatment of patients with arteriosclerosis in the lower extremities is being conducted in eight VA medical centers. Cost-effectiveness analyses will be performed for both types of treatment.
- Ten VA medical centers are involved in a study to determine if steroid administration will help patients with severe systemic infections and sepsis. The high mortality rate from sepsis/septic shock is a serious problem among older veterans.

Rehabilitation Research and Development

The mission of the Rehabilitation R&D (Research and Development) program is to improve the quality of life for impaired, disabled, and handicapped veterans by making them more functionally independent. This mission has been significantly advanced as a result of ongoing research projects in such priority areas as prosthetics/amputation, spinal cord injury, and sensory aids.

In the areas of prosthetics, amputation, and orthotics, researchers are using new materials and computer technology to develop a new generation of artificial limbs-lighter, better-fitting,and more comfortable limbs that permit more natural movement and more vigorous activities, including running, skiing, and swimming. For spinal cord injuries, the use of robotics is being studied, as is the possibility that computer-controlled electrical stimulation can be used to restore function to paralyzed limbs. Research projects in the area of sensory aids include the development of advanced mobility aids for the visually impaired, computer-based hearing aids, and a multi-hospital study in which remote, machine-assisted therapy is provided to stroke patients who are aphasic.

During FY 1985, 150 Rehabilitation R&D projects were being conducted at 50 VA medical centers including the two Rehabilitation Research and Development Centers, the Rehabilitation R&D Evaluation Unit, and the Office of Technology Transfer. Ten interagency agreements were in effect for Rehabilitation R&D projects.

To find ways to apply the benefits of advanced medical and engineering science and technology for the direct benefit of severely disabled veterans, special Rehabilitation R&D Centers have been established at the Palo Alto, California, and Hines, Illinois, VA Medical Centers. A Rehabilitation R&D Unit, smaller in scope and funding than a center, is in operation at the VA Medical Center, Decatur (Atlanta), Georgia.

The Rehabilitation R&D Unit is responsible for the coordination of new prototypes and techniques developed under the VA program so that promising devices can be expeditiously transferred into commerical production and clinical use. It is also charged with developing training materials for new devices and improved techniques. During FY 1985, 11 projects were in various phases of evaluation, with the VA Seattle foot, and the Superfold cane in the final process of completion. The other projects were the robotic arm, exercise table, bathroom fixtures, simian aides, velocity wheelchair, ultrasound wheelchair control, software for the treatment of aphasic adults on the Apple II microcomputer, special friend portable speech prosthesis, and plastic temporary adjustable below-the-knee prosthesis. Commerical production of the Seattle foot, which won the first Presidential Award for Design Excellence, began in the fall of 1985, and final clinical testing and evaluation of 500 Seattle feet by veterans nationwide is almost complete.

The OTT (Office of Technology Transfer), is charged with promoting the results of VA-sponsored scientific and engineering projects among scientists, engineers, clinicians, and consumers in the United States and abroad.

As part of its effort to promote technology transfer, OTT publishes the "Journal of Rehabilitation Research and Development," a "Clinical Supplement" series that presents newly reported scientific findings and procedures to practicing clinicians, and the annual "Rehabilitation R&D Progress Reports," a comprehensive world-wide summary of ongoing scientific research. In addition, publication of an annual issue, the "Rehabilitaiton R&D Bibliography" has been initiated. OTT'S exhibit program presented scientific findings to eight major professional organizations during FY 1985.

Health Services Research and Development

HSR&D (Health Services Research and Development) Service continues to contribute to more cost-effective health care delivery for the Nation's veterans by suporting a variety of projects to evaluate new and/or alternative medical interventions and administrative techniques. The information gained from these activities is transmitted to clinicians and administrators for their use in health-care-related decisionmaking. During FY 1985, for example, HSR&D supported a national conference on decision support technology, which concerns the use of devices and systems to help decisionmakers improve the quality and cost-effectiveness of health services. HSR&D also conducted the second annual Survey of Demand for VA Medical Care, made plans for a new national survey on the same topic in FY 1986, and drafted a proposed agenda to help the VA address the growing challenge of health and social service needs of aging veterans.

Under the VA's pilot program of preventive health care, established in response to Public Law 96-222, HSR&D Service continued to support projects dealing with schizophrenia, dentistry, and the evaluation of a selected set of preventive health care services.

At the heart of HSR&D's research activities is the Investigator-Initiated Research Program. Thirty-nine new projects, covering a wide range of VA concerns, were supported during the year. These studies continue to yield significant information, such as the following:

- Aerobic exercise constitutes an effective and cost-beneficial method of controlling blood pressure and reducing cardiovascular risk levels in mildly hypertensive veterans. In addition to the health benefits, this nonpharmacologic approach also represents a potential savings of millions of dollars in antihypertensive drug costs.
- An evaluation of studies on the use of nurse practitioners shows these practitioners to be effective and efficient in the provision of services that might be described as expanded nursing or physician substitute services: performing physicial exams, taking histories, ordering diagnostic tests, and prescribing treatment, counseling and follow-up care. HSR&D recommended that the use of nurse practitioners should be encouraged and expanded, particularly in areas such as chronic care.

The field programs continue to implement the service's mission nationwide. By linking research with local patient care and administrative needs, the field programs foster the integration of research and practice and the use of research products by VA managers and clinicians. The objectives of the field programs are to conduct relevant, high-quality health services research; provide support and consultation to area managers and providers; and inform and educate VA managers and providers about the methods and uses of HSR&D. Currently, nine field programs are operational and one more is in the developmental stage. The goal is to have at least two programs in each of the VA's seven regions.

One significant field program activity during FY 1985 was to assist the SCI (Spinal Cord Injury) Service in developing a registry of all SCI patients who use the VA. Eventually, data gathered through the SCI Registry will facilitate demographic studies vital statistics analysis, identification of trends, and studies of the natural history of disease processes peculiar to spinal cord injuries.

The special projects program focuses on projects designed to meet the information needs of managers in the VA Central Office, with special emphasis on technology transfer. One recent technology assessment activity was the evaluation of ESWL (Extracorporeal Shock Wave Lithotripter), a non-invasive procedure for disintegrating kidney stones in the upper urinary tract. It was found to be as effective as surgery and other techniques for small stones, but without the associated risk, complications, discomfort, and extended hospitalization. One disadvantage is that ESWL requires a major capital investment and has a high annual operating cost.

Also in FY 1985, HSR&D's special projects program established service-directed research projects, which are intended to produce critical information needed for decisionmaking by Congress, the Administrator, the Chief Medical Director, or other DM&S officials.

Prosthetics Services, Research and Development

At the end of FY 1985, it had been one year since the initiation and funding of the eight VA medical center STAMP's (Special Teams for Amputation, Mobility, and Prosthetics/Orthotics). These programs are designed to improve the interdisciplinary care of the handicapped, especially amputees. Following successful meetings of selected members of each STAMP program in New York City, and Chicago, Illinois, the personnel of the various programs have continued to exchange information.

A statistical network to assess the cost-effectiveness of the program is now in the formative stage and should be firmly in place at all centers within the next year.

The STAMP program has generated interest in many other VA medical centers which treat patients covered by the STAMP umbrella but which are not designated as specific STAMP centers, and it is expected that the program will have a system-wide influence on the care of handicapped patients.

Medical Administration

Medical Administration activities center around patients and the professional and administrative staffs of health care facilities. Employees perform such diverse functions as determination of eligibility for medical benefits; reception; clerical support to wards and to outpatient clinics; billing; procurement of services from private hospitals, physicians, and clinics; telecommunications; forms and records management; and medical record administration, including release of information, maintaining statistical information on patient activity for the facility, and active participation in the quality assurance program and other program requirements of the Joint Commission on Accreditation of Hospitals.

During FY 1985, MAS (Medical Administration Service) began developing an automated exchange of data between DM&S and DVB. This exchange will take place between the DHCP System in DM&S and the Target System in DVB and will greatly reduce the paperwork between the two departments, speed the flow of data, and will thus provide better service to the veteran.

A revised format was developed for the MAS national training program. New modules were developed for fee basis and veteran eligibility.

DM&S Reorganization

During FY 1985, a major reorganization of the Department of Medicine and Surgery was designed, approved, and implemented. The need for changes grew out of a commitment by the new Chief Medical Director to improve the Department's organizational and managerial structure as a means to more efficiently and effectively accomplish mission goals and objectives.

As the first step in these planned improvements, the Department's quality assurance activities were restructured. An Office of Quality Assurance was established in 1984 reporting directly to the CMD. In addition, an Office of the Medical Inspector was established, reporting to the DCMD (Deputy Chief Medical Director), to manage retrospective investigative activities. On March 29, 1985, the Administrator approved the following major organizational improvements:

- Clarification of the role of the DCMD as the Chief Operating Officer for the Department, i.e., the final filter for actions requiring the CMD's decisions.
- Creation of two ADCMD (Associate Deputy Chief Medical Director) positions:
  - The ADCMD for Operations to manage current operating year responsibilitites; and
  - the ADCMD for Programs, Planning and Policy Development to manage future responsibilities.
- Pending changes to title 38 the ADCMD for Operations will be designated as the Director for Operations.
- Realignment of the Resource Management Office and the Management Support Office to report directly to the CMD.
- Creation of a seventh DM&S Region - the Southwestern Region.

DM&S Executive and Management Development Program

Another result of the DM&S reorganization was the merger of Management Development Programs, aimed at medical center service chiefs, assistant chiefs, and supervisors, with the Executive Development Program. Major FY 1985 initiatives were the selection and funding for eight medical centers to develop management training programs, and the purchase of learning packages for interpersonal skills training. The integration of the Executive and Management Development Programs has assured continuity in the Department's approach to the development of its managers and executives at all levels.

In FY 1985, executives at DM&S medical centers and Central Office participated in a total of 790 individual executive development experiences. A second national forum was held for Associate/Assistant Medical Center Directors. To assure adequate numbers of well prepared executives for the future, the Department supported 28 participants in the Senior Executive Service and the Health Systems Executive Service Candidate Development Programs and 14 physicians in the Executive Medicine Program.

Resource Allocation Development

The Allocation Development Service performs functions required to establish an integrated and systematic method to manage, distribute, maintain, and justify the resources of the VA's Department of Medicine and Surgery. The Service tests, reports, and evaluates potential resource allocation systems for care delivered by the VA's health care facilities.

A major accomplishment during FY 1985 was the development of target allowances to the VA health care facilities for FY 1986 based on three models of the new resource allocation methodology (acute inpatient, long-term, ambulatory). This represents a considerable expansion in the use of the resource allocation methodology from the previous year when only the acute inpatient model was used. About 55 percent of the VA's medical care budget is now allocated on a casemix basis.

A number of budget items are still excluded from the resource allocation methodology. Such exclusions, or pass-throughs, include the following:

- research appropriations
- medical care support for research
- support for graduate medical education
- renal dialysis
- fee basis care and CHAMPVA
- spinal cord injury units
- blind rehabilitation units
- indirect costs

Several major efforts were undertaken by the Allocation Development Service during FY 1985:

- Improving the acute inpatient care model by reweighting the DRG's (diagnosis related groups) with VA costs, and evaluating whether it would be preferable to use them in lieu of the New Jersey weights now in use.

- Improving the RUG's (resource utilization groups) model used for allocating resources for long-term care (nursing home care and intermediate care) by evaluating the adoption for VA use of the State of New York model used for

Medicaid reimbursement. The New York model was based on a much larger sample and some of its features differ significantly from those of the VA model.

- Refining the ambulatory care model.
- Testing a new method for establishing weighted work units.
- Analyzing costs associated with inter-service patient transfers.
- Developing initial plans to create resource allocation models for indirect costs, renal dialysis, and spinal cord injury units. Inclusion of resource allocation models for indirect costs, renal dialysis, and spinal cord injury units would bring about 80 percent of VA's medical care budget under the casemix methodology.

Resources Funds

Obligations by the VA's Department of Medicine and Surgery during FY 1985 were over $9.2 billion, an increase of 7.9 percent over FY 1984. The accompanying table summarizes the distribution of these funds by major program.

Activity	Obligations (in thousands)	
	FY 1985	FY 1984
Total DM&S	$9,258,347	$8,581,997
Medical care	8,936,274	8,300,867
Medical administration and miscellaneous operating expenses	65,798	65,576
Medical and prosthetic research	226,634	190,299
Other medical programs[1]	29,641	25,255

[1] *Excludes revolving and trust funds.*

Inflation, payroll increases, and the funding of facility activations were the major factors in the growth of obligations. Other contributing factors were the higher costs associated with efforts to improve the quality of care. The latter can be demonstrated by the cost of procuring and maintaining innovative medical equipment and systems, and of providing a trained work force to use these innovations effectively.

The VA strives to deliver the highest quality medical care possible and at the same time contain costs by assuring delivery of services through the most appropriate type of care and the most cost efficient mode. The two accompanying charts illustrate the success of these efforts. Over the past 10 years, both the number of hospital patients treated and number of outpatient visits to VA staff have increased (1,178,894 hospital patients treated in 1976 to 1,305,702 in 1985, or an increase of 10.8%; 14,223,000 staff visits in 1976 to 17,790,000 in 1985, or an increase of 25.1%), while the average daily census decreased from 78,264 in 1976 to 59,310 in 1985, a reduction of 24.2%. The change in these workload factors has resulted in a decrease in inpatient length of stay.

Workload

	Hospital Inpatient Program				Outpatient Program	
Fiscal Year	Avg. Daily Pat. Census		Patients Treated		Staff Visits	
	Number	Index (1976 = 100)	Number	Index (1976 = 100)	Number (in 000's)	Index (1976 = 100)
1976	78,264	100	1,178,894	100	14,223	100
1977	75,285	96	1,209,763	103	14,675	103
1978	73,008	93	1,228,755	104	15,070	106
1979	69,821	89	1,230,252	104	15,053	106
1980	68,109	87	1,247,516	106	15,752	111
1981	66,376	85	1,248,502	106	15,828	111
1982	64,894	83	1,242,544	105	16,024	113
1983	64,992	83	1,280,468	109	16,627	117
1984	63,094	91	1,290,046	109	16,935	119
1985	59,310	76	1,305,702	111	17,790	125

Cost Per Average Day of Care and Inpatient Treated

	Per Diems[1]		Cost Per Hospital Inpatient Treated	
Fiscal Year	Amount	Index (1976 = 100)	Amount	Index (1976 = 100)
1976	$ 87.86	100	$2,135	100
1977	103.27	118	2,346	110
1978	119.10	136	2,583	121
1979	133.82	152	2,772	130
1980	154.00	175	3,077	144
1981[2]	166.05	189	3,222	151
1982	190.36	217	3,629	170
1983	206.89	235	3,833	180
1984	220.49	251	3,947	185
1985	249.02	283	4,129	193

[1] *Includes physicians' fees, medications, and all other direct care costs plus administrative costs and assets acquisitions.*

[2] *Beginning with 1981, data are calculated on the basis of obligations rather than cost.*

Employment

The net FTEE (full-time equivalent employment) in the Department of Medicine and Surgery increased from 199,242 in FY 1984 to 202,631 in FY 1985.

Total Health Care: Net Full-Time Equivalent Employment

Appropriation/Fund	FY 1985	FY 1984
Total	202,630	199,242
Medical care	193,828	190,463
Inpatient care	155,293	155,345
Hospitals	140,742	141,744
Nursing homes	12,137	11,241
Domiciliaries	2,414	2,360
Outpatient care	32,551	30,476
All other	5,984	4,642
Medical administration and miscellaneous operating expenses	809	875
Research	4,551	4,394
Medical research	4,126	4,052
Rehabilitation research	247	203
Health services research	178	139
Canteen service	3,443	3,510

Staffing ratio trends for major health care activities in VA facilities are shown in the accompanying table.

Fiscal Year	Hospital Care (FTEE/Census)	Outpatient[1] Care (FTEE/1000 Visits)	Nursing Home Care (FTEE/Census)	Domiciliary Care (FTEE/Census)
1976	1.75	1.48	1.00	0.32
1977	1.85	1.48	1.02	0.33
1978	1.99	1.53	1.08	0.35
1979	2.04	1.52	1.05	0.35
1980	2.11	1.54	1.09	0.36
1981	2.13	1.78	1.11	0.37
1982	2.18	1.87	1.13	0.37
1983	2.19	1.85	1.15	0.38
1984	2.25	1.72	1.24	0.38
1985	2.37	1.75	1.27	0.40

[1] *Restated for all years to exclude fee FTEE and visits.*

Management Systems Service

During the past year, MSS (Management Systems Service) has been involved in the continuing refinement of staffing guidelines as well as the development of new staffing guidelines. At this time, MSS has 41 medical center functions under guideline. Each VA medical center reports quarterly workload statistics to MSS for computation in order to determine the difference between actual FTEE vs. earned FTEE at the individual facilities. Facility data are submitted via the VADATS (Veterans Administration Data Transmission System) or AMIS (Automated Management Information System). Because of the large volume of data submitted each quarter, MSS, in conjunction with the Office of Data Management and Telecommunications, is developing a methodology for a direct transmission by the facilities to the Austin DPC. This will greatly reduce the reporting requirements for the field facilities as well as reduce the present turnaround time required to produce the quarterly staffing report for the Chief Medical Director and other top management in VA Central Office and the field.

MSS has also been working with Allocation Development Service to develop a model using DRG cost data with staffing criteria for Spinal Cord Injury Service.

Space Management Program

As part of the Chief Medical Director's reorganization of the Department, and due to a reduction in available funds, a major space reduction program was developed and implemented in FY 1985. The program included the relocation of a large number of employees from six locations in Washington, D.C., and Virginia to two locations in D.C. This plan, now fully implemented, will save the Department over $500,000 annually in reduced rental fees. In addition to these savings, there will be significant reductions in local travel costs and in employee lost time associated with this space consolidation.

Construction

During FY 1985, the Veterans Administration continued to seek improvements in the planning, design, and construction of medical facilities. A study of the VA construction process was completed by independent contractors. The major recommendations of the study were endorsed by the Administrator, and approval has been sought from Congress to effect the organizational changes necessary to implement the recommendations. Implementation of the study's recommendations is expected to lead to accelerated construction schedules, more efficient use of assigned personnel, and an increased involvement by medical center directors and their planning staffs in construction issues.

The Agency's Department of Medicine and Surgery also developed and sent to Congress a methodology for ranking all proposed major construction projects (those costing more than $2 million) in terms of national priority. This methodology was used to rank the projects in the FY 1986 budget proposal; it will be used for future budget submissions, as well as in the development of the Five Year Medical Facility Construction Needs Assessment.

Major activations during the year included the 428-bed replacement hospital and 60-bed nursing home care unit in Seattle, Washington.

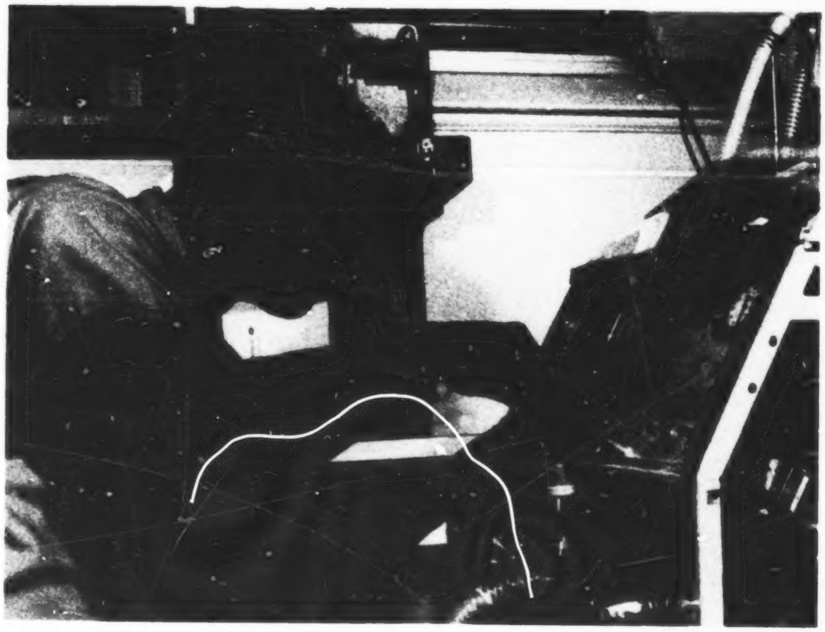
In addition, new nursing home care projects were also completed and activated in Boise, Idaho; Dallas, Texas; Denver, Colorado; Fresno, California; Kerrville, Texas; Lake City, Florida; Marion, Illinois; Portland (Vancouver), Oregon; Spokane, Washington; Tampa, Florida; Washington, D.C.; and West Los Angeles, California.

In an effort to enhance facility construction planning and effect further improvement in individual medical center five-year facility plans, a Facility Stategic Planning process has been implemented. This process provides for early conceptualization of medical center construction needs. The changes dictated by MEDIPP (Medical District Initiated Program Planning) must be translated into a specific plan of action, which is often in the form of proposed construction projects. These projects must be realistic when weighed against district, region, and nationwide priorities and the availability of resources. A team composed of medical center, district, and VACO representatives works together to ensure that proposed projects incorporated into the medical center five-year plan are realistic and will support MEDIPP changes and medical center mission requirements. Facility Strategic Planning was accomplished during the year for medical centers located in Butler, Pennsylvania; Hot Springs, South Dakota; Marion, Indiana; Miami, Florida; and Miles City, Montana.

Biomedical Engineering

The Biomedical Engineering sections of the individual VA medical center Engineering Services have continued their successful medical equipment support program of combining in-house medical equipment maintenance activities with judicious use of private sector sources. The exact blend differs among medical centers, depending on varying local conditions. Systemwide, 81 percent of medical equipment is maintained in-house with back-up assistance from manufacturers; the remaining 19 percent is supported by service contract. Analysis completed in FY 1985 shows that the resultant overall cost was 5.7

percent of the over $1 billion medical equipment inventory. This compares to a systemwide average service contract cost of 8.9 percent of the total. The 3.2 percent cost differential translates to an annual cost avoidance of approximately $36.9 million.



Biomedical engineering preventive maintenance programs are an essential ingredient in the effort to provide quality care.

The computer support project for VA Engineering Service, known as the AEMS/MERS (Automated Engineering Management System/Medical Equipment Reporting System) is currently being implemented at all VA medical centers. The systems provide automated management support for resources and responsibilities assigned to Engineering Services including cost accounting, equipment repair, preventive maintenance scheduling, and project tracking. AEMS/MERS will replace the existing Engineering Management Information System, which is a centralized batch processing system implemented in the mid-1960's, with decentralized multi-user microcomputer systems, installed at each VA Engineering Service.

Energy Management Program

The VA has been actively involved in energy management since 1975. The current program is guided by national laws and requirements mandated by regulatory agencies. The VA accomplished its first long-range goal in FY 1985 by exceeding its planned goal of 20 percent reduction in energy consumption per square foot by the end of FY 1985, compared to FY 1975, with a cost-effective energy conservation program, and without reduction in the VA's high standards of health care and services.

The success, to date, of the energy management program can also be measured by the accomplishments of its foundation program planned to save money. Over $300 million in reduced utility costs have been achieved with expenditures to date of $130 million. Due to the long-range nature of our retrofit projects, those items accomplished to date will provide another $300 million in benefits during the next six years. The current long-range plan is to accomplish an additional 10 percent reduction in energy consumption per square foot by the end of FY 1995, compared to FY 1985. This will result in utility cost avoidance of an additional $200 million.

The program's achievements can also be seen at the individual medical centers which have successfully implemented energy management programs. Sixty-two medical centers have achieved over 100 percent of their FY 1985 established target goals and an additional 75 have achieved between 85 percent and 100 percent of their goals. The basic plan provides for research in new products in order to remain current with modern technology, a detailed study of each medical center to determine its specific requirements, training of medical center personnel, an updated five-year energy management plan for each medical center, review and priority assignment of projects for funding, and a central review of the overall program to ensure that each action or retrofit will save more than it will cost.

The VA is widely accepted as one of the leaders in the energy management field and acts as a consultant for many Federal and private institutions. The major benefactors of the energy management program are the recipients of VA medical care, since the savings from this program have allowed resources, otherwise unavailable, to be used to improve medical care programs.

Engineering Service

The mission of the Engineering Service is to provide necessary support in the areas of minor construction, maintenance, repair, and plant operations. This effort is accomplished at 172 medical centers comprising over 5,000 buildings and totaling more than 120 million square feet of building space valued at approximately $20 billion. To accomplish this mission, over $406 million was spent on recurring maintenance and repair, $420 million on plant operations, and over $11 million on capital improvements. In addition, the Chiefs of Engineering Service at VA medical centers functioned as the resident engineers for design and construction of 244 delegated FY 1985 construction projects totaling some $149 million.

The accompanying table provides a summary of FY 1985 obligated nonrecurring maintenance and repair and capital improvement projects. Top priority for funding was given to projects for correction of deficiencies identified by the JCAH (Joint Commission on Accreditation of Hospitals) and fire safety surveys.

FY 1985 Nonrecurring Maintenance & Repair Projects

Category	Number of Projects	Cost of Projects (Millions)
Electrical	92	$18.5
Fire protection	65	7.4
Safety and health	78	9.5
Air conditioning and refrigeration	86	14.3
Boiler plant	18	7.1
Automatic transport	24	6.5
Exterior maintenance (buildings)	118	24.3
Exterior maintenance (utilities)	34	7.8
Interior maintenance (buildings)	99	15.2
Interior maintenance (utilities)	31	4.9
Exterior minor improvement (buildings)	39	3.1
Exterior minor improvement (utilities)	4	1.2
Exterior minor improvement (renovation)	87	38.9
Energy conservation	124	15.4
Other	29	4.8
Total	928	$178.9

VA Occupational Safety and Health Program

The Administrator's commitment to the Occupational Safety and Health Program was emphasized in a memo to all employees which stressed the need to eliminate hazards and to think about safety on the job. This emphasis on occupational safety and health was continued with the publication and distribution of a safety poster which is to be permanently displayed at each work site. The safety poster clearly delineates the VA's responsibilities in providing a safe work site, as well as the employees' responsibility to work safely and to report hazards.

Working safely has paid off in lower accident case rates. The Presidential goal of reducing occupational injuries by 3% per year for a five-year period has been met by the VA in FY 1984 and FY 1985. FY 1982 is used as the point of comparison. Since FY 1982 the total of injury/illness claims filed with the OWCP (Office of Worker's Compensation Program) has declined 15.2%, from 7.32 claims per 100 employees in FY 1982 to 6.21 claims in FY 1985. Total claims have decreased 11.8% from 17,220 in 1982 to 15,194 in FY 1985.

Total costs of injuries and illnesses have unfortunately continued to rise. COP (Continuation of Pay) costs have declined 8.2% from $8.5 million in FY 1984 to $7.8 million in FY 1985, but costs of OWCP have risen by 13% to $73.5 million in FY 1985. The number of injuries and illnesses has decreased; however, the costs to the VA have risen to a total of $81.3 million for FY 1985. Although inflation may help to explain this discrepancy between rise in costs and decrease in incidents which have occurred Governmentwide, there is no clear answer as to the reason for this phenomenon. The principal mission of the Occupational Safety and Health Program is the reduction of injuries and illnesses. The steps used to accomplish this mission include: 1) the development of a management information system to provide managers and safety personnel the information necessary to better manage their programs; 2) the development of an overall training focus to be based on the type and source of injuries and on the areas of potential hazards; and 3) the revision of policy manuals to reflect up-to-date safety information and to incorporate OSHA (Occupational Safety and Health Administration) guidelines.

Security Service

Provisions of the Veteran's Health Care Act of 1984 (Public Law 98-528) enabled the establishment of sharp increases in penalties for violations of VA rules governing standards of conduct on VA property. Modified rules and penalties were promulgated in mid-1985, and actions were initiated to have all continental U.S. District Courts incorporate the revised rules and penalties into their court rules. In addition to the significantly higher deterrence to criminal acts which the revised penalties provide, Public Law 98-528 also authorized threefold increases in police officer uniform allowances and the Administrator's approval of special salary rates for VA police officers where required. These measures, intended to improve police recruitment and retention, were also implemented in mid-1985. The act also mandated that VA police officers receive training to include preparation for situations involving patients. Accordingly, the basic VA police training course was revised to meet this mandate and to assure that the guidelines of the Attorney General are met with respect to preparing police officers to conduct the critical law enforcement functions of arrest and search within constitutional parameters. By regulation, VA police officers' successful completion of this training was made a condition for their retention of the law enforcement authority provided under the act.

The slight decline in criminal activities in FY 1985 may be due to increased active law enforcement typified by a 24-percent increase in "stops" of suspicious actions for a total of 40,104 such stops for questioning. Reports of assaultive behavior and disturbances increased, however, by 20 percent and 9 percent respectively. These increased incident reports are viewed as a result of a growing tendency of the medical center police to respond in teams to altercations involving patients and patient care staffs.

Building Management

A major effort of Building Management Service - the introduction of laundering at low, controlled temperatures to achieve energy and dollar savings, yet produce hygienically clean linen - has been accomplished. This implementation was achieved without significant problems to the system.

Construction began on two new VA laundry operations and continued on two others. Construction was completed and operation begun on one large automated laundry. Under the Laundry Modernization Program, seven laundries were modernized in FY 1985.

Research and development resulted in the completion of a design for new pajamas and robes for VA patients. These new pajamas and robes, made from inherently flame retardant material, should result in significant dollar savings for the system, while continuing to offer patient safety features. Newly designed uniforms were made available to VA medical center employees during the past fiscal year. The new color-coded uniforms replace the existing uniforms, which were designed in the 1950's.

Building Management Service continues to provide a clean, aesthetically pleasing environment for VA patients. Beneficiaries of VA health care have indicated their satisfaction with the quality of the service by rating this service at above 90% on patient satisfaction surveys.

In conjunction with Federal Prison Industries, Building Management Service developed a bedside wardrobe/storage unit for use in VA medical centers. This unit is being field-tested at three VA medical centers. Results of these tests will be evaluated to ascertain whether these units, as designed or with necessary modifications, are acceptable for use in the VA patient environment.

Emergency Management and Resource Sharing Service

Responsibilities for the development, coordination, and direction of the VA-wide NSEP (National Security and Emergency Management Programs) are assigned to the Emergency Management and Resource Sharing Service.

NSEP responsibilities include the emergency conduct of inpatient and outpatient care and treatment in VA medical facilities, and participation with the DHHS (Department of Health and Human Service) as provided for in interagency agreements; serving as the primary health care backup to the DOD (Department of Defense) during a war or national emergency; the emergency conduct of compensation, pension, rehabilitation, education, and insurance payments consistent with overall Federal plans for the continuation of Federal benefit payments; and the emergency performance of insurance and loan guaranty functions in accordance with indirect stabilization policies and controls designed to deal with various emergency conditions.

In January 1985, the VA established a high frequency emergency radio network to permit communications in the event that national switched telephone resources are disrupted. This network links the VA's three supply depots and three emergency operations facilities with VA Central Office. In support of this network, the VA has executed a Memorandum of Understanding with FEMA (Federal Emergency Management Agency) and NASA (National Aeronautics and Space Administration) which permits the VA to access the FEMA national radio system and 55 NASA high frequency channels. Additionally, the VA maintains a major data transmission system which could support the Agency's NSEP requirements during a national emergency.

The VA is an active member of the Interagency Committee on Seismic Safety in Construction and participates in the development of design and construction standards. In addition, the VA is an active member on the Interagency Coordination Committee comprised of program manager-level officials from all Federal agencies that conduct programs to deal with earthquake-related hazards. VA representatives participated in the development of the new Federal-level response plan for catastrophic earthquakes.

During the past year, the VA participated in numerous Federal readiness exercises, generally involving the DOD and state Emergency Preparedness Offices. These exercises permit participants to test plans and procedures to be used in the event of a national emergency.

In accordance with Presidential directives, the VA has established the first of three emergency operations facilities which will provide VA executive officials a base of operation, away from the Washington metropolitan area, from which command and control could be exercised during a national emergency.

The Veterans Administration and Department of Defense Health Resource Sharing and Emergency Operations Act, Public Law 97-174, provides military and VA health care facilities with incentives for sharing medical resources that were not present in prior legislation. These include modified reimbursement procedures, expansion of shared resources, expediting of sharing agreements, and the use of joint agency workloads as justification for the purchase of new equipment. During FY 1985, the second year of implementation of the law, 79 VA medical facilities negotiated 92 agreements with 201 military facilities.

The act also mandated an additional mission to the VA, to serve as the principal health care backup to DOD in the event of war or national emergency. In this capacity, bed capability assessments were conducted at the VA medical centers, and contingency capabilities were reported to DOD and to Congress. In an emergency the VA would use its authority under Public Law 97-174 to transfer some patients to hospitals designated as secondary support centers, to transfer others to civilian community hospitals, to curtail all but emergency admissions in 72 primary receiving centers, and to give priority to active duty military personnel over all patients except service-connected beneficiaries.

Medical District Initiated Program Planning

A major initiative was undertaken by the VA in FY 1981 with the implementation of the MEDIPP (Medical District Initiated Program Planning) process, which is designed to involve administrative and clinical personnel at all levels of DM&S. The process has so far resulted in the formulation and submission of district plans in 1982, 1983, 1984, and regional plans to be formulated in December 1985. These plans described changes necessary to meet future health care delivery needs in all elements of the VA's health care system. The purpose of the MEDIPP process is to create district and regional plans which have the following characteristics:

- Responsive to the health care needs of veterans.
- Reflective of resource needs, as determined at the medical district level.
- Based on local and national demographic analyses.
- Supportive of the approved mission of each VA health care facility in a district.
- Built upon specific professional and supportive programs and activities.
- Reflective of current directives and policies as set forth under the Chief Medical Director's guidance.

The MEDIPP process emphasizes field involvement and requires coordination among personnel in VA health care facilities, medical districts, regions, and Central Office. The preparation of plans has involved a large number of administrative and clinical personnel who serve on planning boards, advisory committees, and task forces at both the district and region levels. The completed plans have provided extensive information on the impact of changes in the veteran population and on other important factors in the medical facility operating environment.

The district and region plans have proposed almost 3,000 specific actions to meet anticipated future health care needs of veterans. Implementation of approved MEDIPP actions occurs through existing planning, budgeting, and operational activities. Through the MEDIPP planning process, DM&S has established a systematic approach to delineate trends in the health care needs of veterans and to describe the types and sizes of facilities and the mix of health care services necessary to meet identified needs. This information has been provided to the Congress and veterans constituency groups through a series of briefings.

Beginning with the FY 1985 MEDIPP cycle DM&S initiated enhancements to the MEDIPP process, the most significant of which are submission of an annual implementation plan; and a stronger regional role in planning. The annual implementation plan is designed to ensure that high priority strategic needs are addressed operationally and accounted for in the Agency's budget formulation and implementation processes. To ensure adequate linkage between the strategic and operational planning efforts, primary responsibility for MEDIPP planning activities has been assigned to the Regional Directors.

Medical Information Resources Management

The function of the Medical Information Resources Management Office is to provide DM&S with an efficient and effective means for obtaining and using data. This includes both the establishment of the DHCP (Decentralized Hospital Computer Program) system to provide data processing support for key functions in the VA medical centers, and the development of management information systems to integrate medical, financial, and administrative data to aid management in decisionmaking.

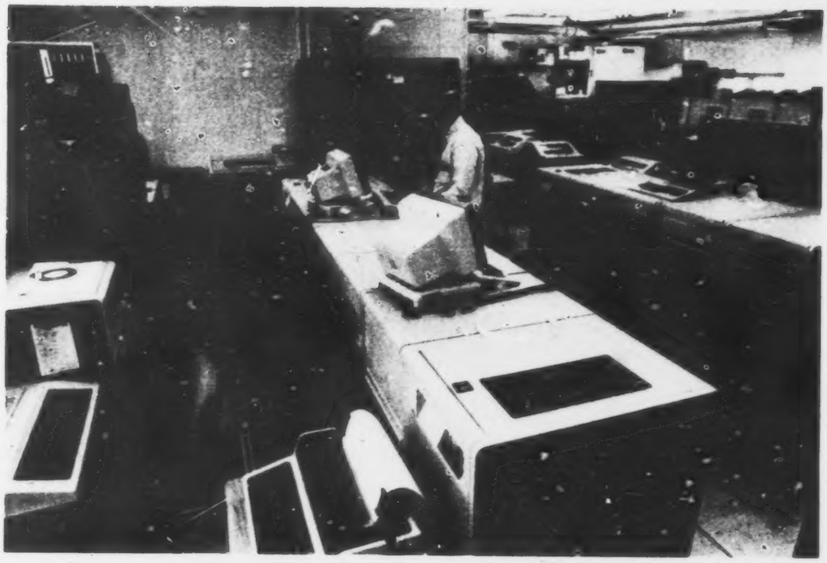
DHCP was based on the rapid deployment of computers to the VA medical centers and the development of software packages to meet critical clinical and administrative hospital needs. The initial core software consists of the registration, admission/discharge/ transfer, scheduling, and outpatient pharmacy software. Full core includes clinical laboratory and inpatient pharmacy. Enhanced and comprehensive DHCP applications provide software for the logical extension of core and include such packages as radiology, engineering, nursing, dietetics, and mental health.

The installation of the equipment to run initial and full core was completed in May 1985. Installation of additional equipment to augment the original configurations was completed in August 1985. By the end of the fiscal year, the initial core software was running in 99% of the hospitals, installation of full core had begun, and modules for dietetics, radiology, and mental health had been developed. There were 22 active SIUG's (Special Interest User Groups), made up of VA medical center specialists, programmers, and Central Office program coordinators, developing additional modules.

The Integrated Fund Control and Procurement System was developed for Supply and Fiscal Services to automate the procurement process – from a request through posting to the centralized accounting system. The module is being tested at VA Medical Centers Marion, Indiana; Bedford, Massachusetts; and San Francisco, California. It will be integrated into a comprehensive hospital administrative package which will be linked to the clinical applications. The "DM&S Information System Data Dictionary, Part I – Initial Core" was published in September 1985. This dictionary provides narrative definitions for all of the files and data elements in the initial core. It augments the file manager dictionary which is distributed with DHCP software and defines the technical and structural characteristics of the data elements in the DHCP modules.

A post-implementation evaluation of the initial core components is being conducted by a consultant. The study will determine the actual costs incurred in the development and installation of the system, as well as the benefits realized from it. It is scheduled to be completed in April 1986.

A test of DHCP software by DOD at March Air Force Base began in December 1984. The test includes not only the initial core packages, but also all other available software. A second test is scheduled to begin at Fitzsimmons Army Base in March 1986. The integrated hospital system, a test of commercial



Computer support to hospital functions has greatly enhanced the ability to provide prompt and efficient service to the veteran population.

hospital information systems at VA Medical Centers Philadelphia; Saginaw, Michigan; and Big Spring, Texas, is continuing with most of the core packages up at the three hospitals.

Automated procedures for the FY 1987-92 facility ADP planning process have been installed and are now operational at each ICS (Information System Center). These procedures provide for uniform reporting and contain automated data edit procedures to check for missing data, cross checks of equipment requirements with corresponding cost data, and various other features.

A prototype of the DMMS (Decentralized Medical Management System), which integrates medical, financial, and administrative data within the hospital, has been implemented at VA Medical Centers at Hines, Illinois, and Boston, Massachusetts. Another prototype is underway at the VA Medical Center, Long Beach, California, and a study to test a management control system developed by the private sector has been approved for the VA Medical Center Brockton/West Roxbury, Massachusetts.

In order to make data in central systems more readily available to VA medical centers, districts, and regional directors for purposes of management reporting and analysis, an interim management information system called the QUICKSYSTEM was begun. The system will allow for access to a substantial amount of data from central systems. The interim system will be tested in seven medical centers, three medical districts, and two regions during FY 1986, before being made more widely available.

Computer support to hospital functions has greatly enhanced the ability to provide prompt and efficient service to the veteran population.

Quality Assurance

A major advance in QA (Quality Assurance) in DM&S in FY 1985 was the Central Office reorganization of QA functions and responsibilities. The QA responsibilities, and related information, criteria development, and other quality-related processes were placed in a newly established Office of Quality Assurance. This realignment was necessary to provide an expanded emphasis on quality of patient care throughout the VA. The Office of Quality Assurance has embarked on a program that will lead, in future years, to a comprehensive quality control system that will help ensure QA is implemented at every VA site of health care.

BEST COPY AVAILABLE

The VA continues to work closely with the JCAH (Joint Commission on Accreditation of Hospitals) to assure that VA medical centers are accredited. The Office of Quality Assurance is reexamining the DM&S policy regarding QA and related responsibilities such as risk analysis. Plans are being developed to design, develop, and test concurrent monitors and various screening mechanisms to enable medical centers and Central Office to track, analyze, and focus on areas of potential risk concerning patient injury and other quality indicators. Emphasis continues on internal controls as DM&S fulfills the requirements of OMB Circular A-123 as part of its ongoing QA program.

Medical District Initiated Peer Review Organization

The MEDIPRO (Medical District Initiated Peer Review Organization) pilot test was begun in three medical districts during FY 1985. MEDIPRO is a district-based review process that will work closely with individual facilities to assure that quality care is provided to patients. Task forces comprised of field and Central Office personnel are working in various advisory and developmental efforts, to assure optimal input throughout this peer review project. First indications of the pilot test suggest that orderly implementation across the system can be achieved in FY 1986. Numerous aspects of MEDIPRO will contribute to the validity and utilization of data regarding the quality of care, including the quality of medical record documentation. MEDIPRO will improve district and facility executive capability to direct or change the emphasis of programs, staff, or resources to address quality of care needs.

Decentralized Systematic External Review Program

To strengthen the Office of Quality Assurance in its efforts to concentrate on policy and information system developmental efforts, the SERP (Systematic External Review Program) was decentralized to the regional directors' offices. This permits the Office of Quality Assurance to focus on key QA policy and procedural matters and evaluation methodologies essential to the future effectiveness and efficiency of VA quality of care. The SERP program will continue to identify critical evaluation needs or potential problems in a timely, responsive fashion.

To improve resource utilization of SERP teams, a developmental project was undertaken in FY 1985 entitled SERP Focused Reviews. The Focused Review uses a smaller team, primarily clinical, and focuses on quality of care in the major bed services. The SERP Focused Review is undergoing a six-month pilot test that will end in early 1986. The test results will be evaluated by officials from both field facilities and Central Office.

Characteristics of VA Patients

The demographic and medical characteristics of VA patients are derived from the Patient Treatment File (discharges during FY 1985) and the Annual Patient Census (taken on September 30, 1985). The data on discharges during FY 1985 exclude 245,474 one-day hemodialysis discharges. Census figures for hospital, domiciliary, and nursing home patients in VA facilities are based on a 100-percent survey.

Age

As the average age of our Nation's veterans increases, so does their utilization of VA medical centers. This phenomenon is demonstrated in the following table, which shows the number of hospital, domiciliary, and nursing home patients discharged during FY 1985 from VA facilities and from community nursing homes in which patients were placed at VA expense. Particularly notable is the heavy use of hospitals and nursing homes by the oldest veterans—those who are aged 85 and older. These veterans experience twice as many hospital discharges and nearly three times as many nursing home discharges, as those aged 65-74.

Discharges by Age from VA Hospitals, Domiciliaries, and Nursing Homes

Age	Veteran Population on 3/31/85 (Thousands)	Hospital Patients Discharged From VA Facilities[2]		Domiciliary Patients Discharged From VA Facilities		Nursing Home Patients Discharged From VA and Community Facilities			
		Number	Discharges per 1,000 Veterans	Number	Discharges per 1,000 Veterans	VA Nursing Home Care Units	Community Nursing Homes	Total	Discharges per 1,000 Veterans
Total[1]	27,947	1,031,299	36.9	6,590	0.2	9,404	22,121	31,525	1.1
Under 25	471	11,091	26.6	50	0.1	7	24	31	0.1
25-44	9,451	211,319	22.3	1,852	0.2	331	675	1,006	0.1
45-54	5,720	135,664	23.7	1,380	0.2	610	1,287	1,897	0.3
55-64	7,542	349,859	46.4	2,275	0.3	2,607	5,964	8,571	1.1
65-74	3,785	236,184	62.4	796	0.2	2,9[illegible]	7,286	10,265	2.7
75-84	774	54,365	70.2	181	0.2	1,316	3,435	4,751	6.1
85 & over	258	32,817	127.2	56	0.2	1,554	3,450	5,004	19.4
Under 65	23,130	707,933	30.6	5,557	0.2	3,555	7,950	11,505	0.5
65 & over	4,817	323,366	67.1	1,033	0.2	5,849	14,171	20,020	4.2

[1] *Detail may not add to total shown due to rounding.*

[2] *Source of Data: Patient Treatment File.*

As the table below shows, the age of VA patients is also increasing. On census day in 1976, 24.7 percent of patients were 65 or older; by 1985, 33.4 percent were 65 or older. In FY 1985 age calculation in the Patient Treatment File was changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.

Census Date	Percent Age Distribution of Hospital Patients in VA Medical Centers on Census Day[2]					
	Under 35	35-44	45-54	55-64	65 And Over	Total[1] (percent)
September 30, 1985	9.0	13.1	12.5	31.5	33.4	100
September 30, 1984	10.3	11.8	13.4	32.5	32.0	100
June 15, 1983	11.4	9.8	14.7	34.2	29.8	100
July 28, 1982	12.4	8.5	16.3	34.9	27.8	100
June 24, 1981	12.9	8.5	17.9	33.8	26.9	100
September 24, 1980	12.7	7.7	19.6	33.6	26.2	100
September 26, 1979	12.7	7.8	20.6	32.5	26.4	100
October 4, 1978	12.1	8.2	22.8	31.0	26.0	100
September 28, 1977	11.7	8.7	23.9	30.3	25.3	100
September 29, 1976	12.2	9.5	25.2	28.3	24.7	100

[1] *Detail may not add to total shown due to rounding.*

[2] *Age is age at last birthday in FY 1985 rather than age rounded to nearest six months as in previous years. This change may mean that totals for some age groups will not be fully comparable with previous years.*

Female Veterans

Discharge data for FY 1985 were analyzed to show particular characteristics of the female veteran population receiving care in VA facilities. During this period 20,251 women veterans were discharged from VA medical centers - approximately 2% of all discharges. Women also comprise approximately 2% of all outpatients. These numbers can be compared to the total veteran population, of which 4% are women.

The diagnostic profile of women veterans is generally similar to that of males with one exception - approximately 6% of all females discharged have been treated for gynecological conditions. Women also differ from men in that they are generally younger - 35% of women discharged from VA medical centers are under 45, compared to 21% of men. This reflects changes in the recruitment practices of the Armed Forces.

Service-Connected Patients and VA Pensioners

Of FY 1985 hospital discharges from VA medical centers, 46.7 percent were veterans who had a service-connected disability, virtually unchanged from 47.7 percent in FY 1984.

Among hospital patients in VA medical centers on census day (September 30, 1985), 48.3 percent had a service-connected disability. The table below shows the percentage distribution of hospital patients in VA medical centers on the annual census days in 1981 through 1985, according to the patients' compensation and pension status.

	Percent Distribution of Hospital Patients In VA Medical Centers On Census Day				
Compensation and Pension Status	1985	1984	1983	1982	1981
Receiving care for a service-connected disability	15.1	16.0	16.1	16.4	15.9
Receiving care for a nonservice-connected disability and has a service-connected disability which does not require medical care	15.5	14.6	13.9	14.7	13.5
Total Service-Connected[1]	30.6	30.6	29.9	31.1	29.4
Receiving care for a nonservice-connected disability and on VA pension rolls	17.8	18.6	23.8	24.1	25.9
Receiving care for a nonservice-connected disability and not on VA compensation or pension rolls	51.4	50.6	45.9	44.5	44.2
Nonveterans	0.3	0.3	0.4	0.4	0.4

[1] *Detail may not add to total shown due to rounding.*

Diagnoses

Diagnoses are classified by the VA as either principal or associated. The principal diagnosis is the one that the discharging physician considers to be responsible for the major part of the patient's length of stay, whereas the associated diagnoses are all other diagnoses for which the patient has been treated up to the time of discharge. The VA data system permits the reporting of a maximum of ten diagnoses per patient discharge. Thus, a count of total diagnoses includes the primary diagnosis and up to nine associated diagnoses. As shown in the table, five major categories have accounted for the majority of principal diagnoses among patients discharged from VA medical centers during the past five years. When both principal and associated diagnoses are considered, and attention is focused on more specific diagnostic categories, the two most common are heart disease and alcoholism, accounting for 38 and 20 percent respectively of the total diagnoses.

Major Categories of Principal Diagnosis ICD-9-CM[1]	Percent by Diagnosis of Hospital Patients Discharged from VA Medical Centers				
	FY 1985	FY 1984	FY 1983	FY 1982	FY 1981
Mental Disorder	18.8	19.7	20.3	21.5	22.0
Circulatory	16.3	16.2	16.3	16.1	15.7
Neoplasms	10.5	10.8	10.9	10.7	10.3
Digestive	9.6	9.7	9.3	9.2	9.3
Respiratory	7.3	7.0	6.7	6.5	6.6

[1] *International Classification of Diseases, 9th Revision, Clinical Modification*

The number of hospital patients remaining in VA medical centers on census day by age and major diagnostic category is shown in the following table. As in previous years, general medical and surgical patients tend to be older (40.7 percent are 65 years of age and over) than psychotic patients (26.8 percent are 65 and over) or patients with other psychiatric diagnoses (14.4 percent).

Type of Patients	Percent of Hospital Patients in VA Medical Centers - Census Day September 30, 1985				
	Under 45	45-54	55-64	65 and Over	Total (percent)
All patients	22.1	12.5	31.5	33.9	100
General medicine and surgery	12.8	11.2	35.3	40.7	100
Psychotic	30.9	14.2	28.1	26.8	100
Other psychiatric	51.2	15.1	19.3	14.4	100

Duration of Stay

There has been a steady decline in the average length of stay of patients discharged from VA hospitals over the past several years. FY 1985 continued that trend with an overall average length of stay of 23.4 days, down from 25.0 days in FY 1984. For general medical and surgical patients, who represent 81.2 percent of all FY 1985 discharges, the average length of stay was 16.8 days compared to 17.4 days in FY 1984. Among psychotic patients, the average length of stay decreased from 91.7 days to 86.7 days, whereas among psychiatric patients it decreased from 31.5 days to 27.3 days.

The complex combination of long- and short-term and acute and chronically ill patients who receive VA hospital care means that a single measure of duration of stay—such as average length of stay—may obscure as well as explain the process. The following observations about length of stay in VA hospital beds illustrate the point.

During FY 1985, 85.9 percent of the 1,031,299 hospital patients discharged from VA medical centers spent 30 days or less in a hospitalized status. Though this group comprised the majority of the discharges, it accounted for only 33.5 percent of the 24,438,975 days of care received since admission of all the discharges. These patients had an average length of hospital stay of less than 9.3 days. At the other extreme, 0.5 percent of discharges had stays of more than one year and had received 25.9 percent of all the days of care. This group's average length of stay was 1,216 days.

Type of Patient	Percent of Hospital Patients In VA Medical Centers With 90 Days Or Less Of Attained Stay on Census Day			
	FY 1985	FY 1984	FY 1983	FY 1982
All patients	76.9	73.1	72.6	72.1
Psychotic	49.2	45.1	42.9	43.3
Other psychiatric	82.8	78.9	77.0	75.6
General medicine and surgery[1]	87.2	84.1	84.1	83.6

[1] *Includes tuberculosis and neurological patients.*

As the table shows, among hospital patients in VA medical centers on census day for the past four years, there has been an overall gradual increase in the proportion with stays of 90 days or less.

BEST COPY AVAILABLE

Disposition Status

Of the FY 1985 hospital discharges from VA medical centers for whom disposition data are available, 87.8 percent returned to the community. Although this overall percentage has changed little over the past five years, two of its components have changed. The percentage of VA outpatients discharged for further care has increased progressively from 66.7 percent in FY 1978 to 72.0 percent in FY 1985. Correspondingly, the percent discharged for no further care has decreased from 16.4 to 11.5 percent in the same period.

As shown in the table, 7.6 percent of hospital patients were discharged from VA medical centers for further care (hospital, domiciliary, or nursing home care) in another VA facility or a community nursing home. Deaths accounted for 4.6 percent of discharges.

Manner of Disposition	Hospital Discharges From VA Medical Centers During FY 1985	
	Number	Percent of Total
Total	1,031,299	100.0
To community	905,093	87.8
Further care as VA outpatients	742,084	72.0
No further care	118,278	11.5
Release of committed or institutional award patients for trial in community	44,731	4.3
To further VA inpatient care	78,306	7.6
Another Va medical center for hospital care	34,265	3.3
Another VA medical center or community nursing home for nursing home care	36,839	3.6
VA facility for domiciliary care	7,202	0.7
Deaths	47,900	4.6

Compensation and Pension

Comparative Highlights

Item	FY 1985	FY 1984	Percent Change
Cost (billions)	$ 14.2	$ 13.9	+2.2
Disability cases on rolls	2,930,756	2,980,406	-1.7
Service-connected	2,240,277	2,250,782	-0.5
Nonservice-connected	690,391	729,520	-5.4
Special acts and retired officers	88	104	-15.4
Death cases on rolls	1,074,778	1,143,007	-6.0
Service-connected	335,612	341,702	-1.8
Nonservice-connected	739,160	801,294	-7.8
Special acts	6	11	-45.5

Summary

Compensation and pension programs administered by the VA fall into five broad categories:

1. Disability Compensation - A veteran is entitled to compensation for disability resulting from injury or disease incurred or aggravated while on active duty. The amount of compensation is based on the degree of disability.

2. DIC and Death Compensation - Dependents of a veteran who died of service-connected causes on or after January 1, 1957, are entitled to DIC (dependency and indemnity compensation). Dependents of veterans who died before that date are entitled to death compensation, or may elect to receive DIC.

3. Disability Pension - Veterans who served in time of war are eligible for pension benefits for nonservice-connected disabilities. The veteran must either be permanently and totally disabled or be age 65 or older, and meet specific income limitations. Spanish-American War veterans are entitled to a pension on the basis of their service.

4. Death Pension - The surviving spouse and children of a war veteran who died of nonservice-connected causes are eligible for death pension benefits, subject to specific income limitations.

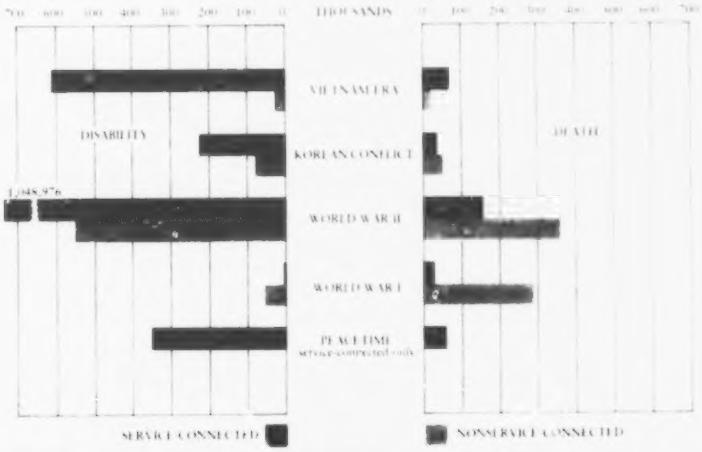
5. Burial Allowances - These benefits include a burial allowance, a burial plot allowance, and a flag to drape the casket of a deceased veteran. All benefits require separation from the Armed Forces under other than dishonorable conditions. The burial allowance of up to $300 is limited to veterans who at the time of death were in receipt of pension or compensation, or who, except for the receipt of retired military pay, would have been entitled to compensation. Eligibility is also established when death occurs in a Veterans Administration facility to which the deceased was properly admitted. A plot allowance of up to $150 is available where burial is not in a national cemetery or a State veterans cemetery. An award of $1,100 in lieu of basic burial and plot allowances is payable for veterans who die of service-connected disabilities.

During FY 1985 the cost of compensation and pension benefits continued to rise, reaching $14.2 billion, an increase of $300 million from last fiscal year. This increased cost is attributable to new legislation which granted cost-of-living increases.

Public Law 98-543 (October 24, 1984) increased the rates of disability and dependency and indemnity compensation, as well as the clothing allowance, by approximately 3.2 percent. This law also:

- Increased the annual clothing allowance from $338 to $349, effective December 1, 1984.
- Increased the specially adapted housing assistance grant maximum for veterans with mobility impairments from $32,500 to $35,500 and the maximum amount of special housing assistance for veterans who are blind or have lost (or lost the use of) both upper extremities from $5,000 to $6,000, effective January 1, 1985.
- Amended 38 U.S.C. 3203(b)(1) to remove the reference to mental illness as the cause of the veteran's incompetence and to permit the VA to exclude the value of a single, institutionalized, incompetent veteran's home from the value of the veteran's estate unless there is no reasonable likelihood that the veteran will again reside in the home and, when necessary to avoid hardship for the veteran, to waive the suspension of payments under 38 CFR 3.557(b) for up to 60 days during any calendar year.
- Increased the automobile allowance from $4,400 to $5,000. Also changed 38 U.S.C. 1903 to allow adaptive equipment to be provided for up to two automobiles during any four-year period, and for an additional automobile if one of the two earlier vehicles is no longer available to the veteran, effective January 1, 1985.
- Instructed the VA to conduct medical examinations, prepare disability ratings, and submit to Congress a report on the disability levels found in a sampling of veterans who are awarded pensions because they are aged 65 years or older.
- Instituted several new provisions pertaining to veterans receiving compensation based on individual unemployability during the period February 1, 1985, through January 31, 1989.
- Initiated a temporary program of vocational training for certain new pension recipients during the period February 1, 1985, through January 31, 1989.

COMPENSATION AND PENSION CASES
AS OF SEPTEMBER 1985



Compensation

As shown in the accompanying chart, the number of veterans receiving compensation for service-connected disabilities decreased slightly during FY 1985, because of the declines among World War I, World War II, and Korean conflict cases. There was a net decrease of 10,505 from FY 1984.

Period of Service	Disability Compensation Cases				
	FY 1985		FY 1984		Percent Change
	Cases	Percent of Total[1]	Cases	Percent of Total	
World War I	12,293	0.5	15,078	0.7	– 18.5
World War II	1,048,976	46.8	1,080,364	48.0	– 2.9
Korean conflict	222,630	9.9	225,542	10.0	– 1.3
Vietnam era	603,889	27.0	594,938	26.4	+ 1.5
Peacetime	352,484	15.7	334,859	14.9	+ 5.3
Spanish-American	3	*	1	*	+200.0
Mexican Border	2	*	0	*	+200.0
Total	2,240,277	100.0	2,250,782	100.0	– 0.5

**Less than 0.05 percent.*
[1] May not add to 100.0 percent due to rounding

For the ninth straight year there has been a decline in the number of service-connected death cases for which payments are made to dependents of deceased veterans. The overall decline was 1.8 percent. Only Vietnam era and peacetime cases showed an increase from FY 1984.

Period of Service	Service-Connected Death Cases				
	FY 1985		FY 1984		Percent Change
	Cases	Percent of Total[1]	Cases	Percent of Total	
World War I	22,298	6.6	24,027	7.0	– 7.2
World War II	153,814	45.8	158,607	46.4	– 3.0
Korean conflict	37,812	11.3	38,302	11.2	– 1.3
Vietnam era	69,669	20.8	68,905	20.2	+ 1.1
Peacetime	51,939	15.5	51,774	15.2	+ 0.3
Spanish-American	77	*	83	*	– 7.2
Mexican Border	1	*	1	*	–
Civil War	2	*	3	*	– 33.0
Total	335,612	100.0	341,702	100.0	– 1.8

**Less than 0.05 percent.*
[1] May not add to 100.0 percent due to rounding.

Pension

The improved pension rates were adjusted on December 1, 1984. The maximum annual rate of pension payable is shown in the accompanying table.

Class of Beneficiary	Rate of Pension
Veteran	
Alone	$ 5,709
One dependent	7,478
Alone, A&A allowance	9,132
One dependent, A&A allowance	10,902
Alone, housebound	6,977
One dependent, housebound	8,747
Surviving Spouse	
Alone	3,825
One child	5,011
Alone, A&A allowance	6,119
One child, A&A allowance	7,303
Alone, housebound	4,677
One child, housebound	5,860

The decrease of 5.4 percent in the disability pension rolls during FY 1985 is slightly less than that experienced last year. Two periods of service showed increases during the year—the Korean conflict and the Vietnam era.

	Disability Pension Cases				
	FY 1985		FY 1984		
Period of Service	Cases	Percent of Total[1]	Cases	Percent of Total	Percent Change
World War I	56,027	8.1	71,939	9.9	– 22.1
World War II	525,715	76.1	550,828	75.5	– 4.6
Korean conflict	86,230	12.5	85,391	11.7	+ 1.0
Vietnam era	22,336	3.2	21,262	2.9	+ 5.1
Spanish-American	10	*	20	*	– 50.0
Mexican Border	73	*	80	*	– 8.8
Total	690,391	100.0	729,520	100.0	– 5.4

**Less than 0.05 percent.*

[1] *May not add to 100.0 percent due to rounding.*

As shown in the table, the number of death pension cases decreased in all eight periods of service. The overall decrease of 7.8 percent is a smaller decline than that recorded during the previous fiscal year (10.5 percent).

Period of Service	Death Pension Cases				
	FY 1985		FY 1984		
	Cases	Percent of Total[1]	Cases	Percent of Total	Percent Change
World War I	290,545	39.3	323,742	40.4	− 10.3
World War II	368,598	49.9	389,900	48.7	− 5.5
Korean conflict	52,553	7.1	57,518	7.2	− 8.6
Vietnam era	20,567	2.8	22,161	2.8	− 7.2
Spanish-American	6,468	0.9	7,526	0.9	− 14.1
Mexican Border	321	*	325	*	− 1.2
Indian War	20	*	23	*	− 13.0
Civil War	88[2]	*	99	*	− 11.1
Total	739,160	100.0	801,294	100.0	− 7.8

**Less than 0.05 percent.*

[1] May not add to 100.0 percent due to rounding.

[2] One case includes both a widow and helpless child.

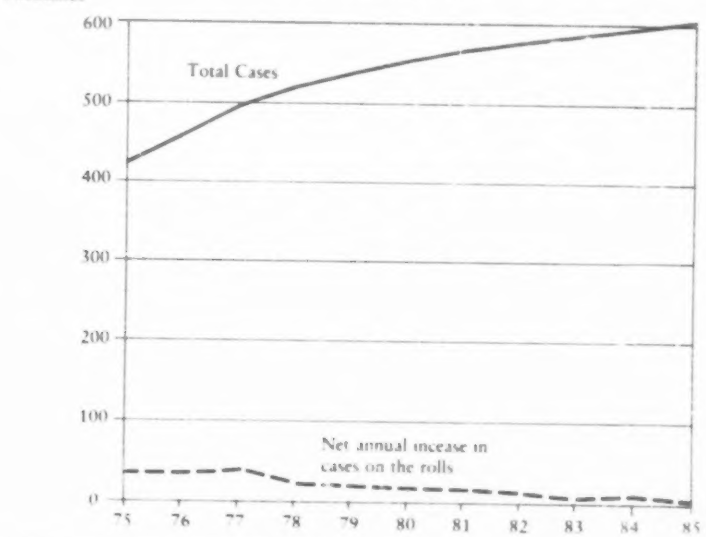
Period Of Service

Vietnam Era

There were 8,951 more Vietnam era veterans receiving compensation at the end of FY 1985 than at the end of the previous year. The chart shows the trend in new Vietnam era compensation cases since 1975. The total number of Vietnam era veterans receiving compensation continues to increase and, with new cases exceeding losses, this trend is expected to continue.

A total of 22,336 Vietnam era veterans were receiving disability pension at the end of the fiscal year, an increase of 5.1 percent from the number a year ago. Since the median age of these veterans was 38 years, a gradual increase in the number of those applying for disability pension is expected. The number of service-connected death cases increased by 1.1 percent to 69,669. The nonservice-connected death pension cases numbered 20,567 at the end of the fiscal year, a decrease of 7.2 percent from last year.

VIETNAM ERA VETERANS RECEIVING COMPENSATION



Korean Conflict

The number of Korean conflict veterans receiving compensation decreased to 222,630 during FY 1985, the twelfth consecutive annual decline. The high mark on the rolls (240,765) was reached in June 1973, 18 years after that conflict ended. For comparison, the highest number of World War II veterans receiving compensation was reached in FY 1953, only eight years after the end of the war.

In contrast to the number receiving compensation, the number of Korean conflict veterans receiving pension continued to rise. At the end of the fiscal year there were 86,230 Korean conflict veterans on pension rolls, a 1.0 percent increase over FY 1984. As this group grows older, the number on the pension rolls can be expected to increase.

The number of service-connected death cases at the end of the fiscal year was 37,812, a decrease of 1.3 percent, and the number of death pension cases decreased 8.6 percent to 52,553.

World War II

Veterans of World War II still constitute the largest single group receiving compensation for service-connected disability, although their numbers continued to decline in FY 1985. Nonservice-connected pension decreased 4.6 percent, down to 525,715. Service-connected death cases declined by 3.0 percent in FY 1985. The nonservice-connected death pension caseload decreased to 368,598, a decrease of 5.5 percent in FY 1985.

World War I

The number of World War I veterans receiving disability compensation decreased during the past fiscal year to 12,293. World War I disability pension recipients also decreased (to 56,027) in the past fiscal year. The advancing age of this group of veterans will continue to accelerate these trends in the next few years. Decreases were also recorded for service-connected death cases (22,298) and death pension cases (290,545).

Other Periods

In addition to the recipients of disability compensation and pension payments from the wars and armed conflicts cited above, there were three veterans of the Spanish-American War receiving disability compensation as of September 30, 1985. Ten Spanish-American War veterans were receiving disability pensions in FY 1985, a decline of 50.0 percent. The service-connected death and death pension caseloads for Spanish-American War veterans were 77 and 6,468 respectively.

There were 73 veterans of the Mexican Border Service receiving disability pension, down 7 from last fiscal year. There was one service-connected death case, while the death pension cases decreased by 1.2 percent to 321. There were two veterans of this period receiving disability compensation.

Although there are no living veterans of the Indian Wars, 14 widows and 6 helpless children are receiving death pension benefits. There are 2 helpless children receiving service-connected death benefits with Civil War entitlement and 19 widows and 70 helpless children receiving death pension. There were 352,484 peacetime veterans receiving compensation as of September 30, 1985, an increase of 5.3 percent from the previous year. Beneficiaries of deceased peacetime veterans increased by 165 to 51,939 in FY 1985.

Burial Allowance

Statutory burial allowances are designed to assist in providing a respectable burial for certain deceased veterans who were separated from the Armed Services under other than dishonorable conditions.

Generally, the VA will pay a sum not to exceed $300 to help cover burial and funeral expenses for veterans whose deaths occur while the veteran is under VA care or entitled to disability compensation or pension. Eligibility may also be established in cases of certain indigent veterans whose remains are unclaimed. Transportation charges are payable when the veteran dies while a patient in a VA medical center. An additional allowance of $150 is payable for a burial plot when a veteran is not buried in a national cemetery or a State veterans cemetery. An award of $1,100 in lieu of these basic allowances is authorized for an eligible veteran who dies of a service-connected disability.

In FY 1985, basic burial allowance was paid for 123,523 claims in an amount of nearly $44.4 million. This was a decrease of approximately $400,000 from last year. Cemetery plot allowances amounting to nearly $45.2 million were paid to 303,186 claimants; service-connected burial benefits amounting to $8.8 million were paid to 8,748 claimants.

A total of 340,592 burial flags was issued, a slight decrease from FY 1984. The cost of each flag was $27.01 making a total of $9.2 million. Over 224,000 headstones or gravemarkers were provided. Reimbursements in lieu of Government headstones or markers were paid to 52,196 claimants for a total of nearly $3.5 million, a slight increase from last year. Burial benefits totaled $126.0 million in FY 1985.

BLANK PAGE

Educational Benefits

Comparative Highlights

Item	FY 1985	FY 1984	Percent Change
Education benefit costs (millions)	$ 1,057	$ 1,302	-18.8
Post-Korean trainees	402,281	528,468	-23.9
Post-Vietnam trainees	48,110	38,310	+25.6
Sons and daughters	55,328	63,553	-12.9
Spouses	6,630	7,641	-13.2

Summary

Several education benefits programs are administered by the Department of Veterans Benefits Education Service. These include educational assistance for veterans and service personnel, commonly termed the "GI Bill;" the All-Volunteer Force and Selected Reserve Educational Assistance Program, commonly termed the "New GI Bill;" dependents' educational assistance for eligible spouses and children of veterans who died of service-connected causes, whose service-connected disability is rated permanent and total, or who are missing in action or prisoners of war for more than 90 days; the VEAP (post-Vietnam era veterans' educational assistance program) for veterans and servicepersons entering active duty between December 31, 1976, and July 1, 1985, or after June, 1988; and the provisions of the Emergency Veterans' Job Training Act.

Other education benefits administered include payments to eligible veterans, survivors, and dependents to aid defraying expenses of tutoring, and an education loan program for certain veterans or other eligible persons who are enrolled full-time in approved educational programs and have entitlement remaining after their period of eligibility for using education benefits has passed.

Education and Training

Veterans' Educational Assistance (GI Bill)

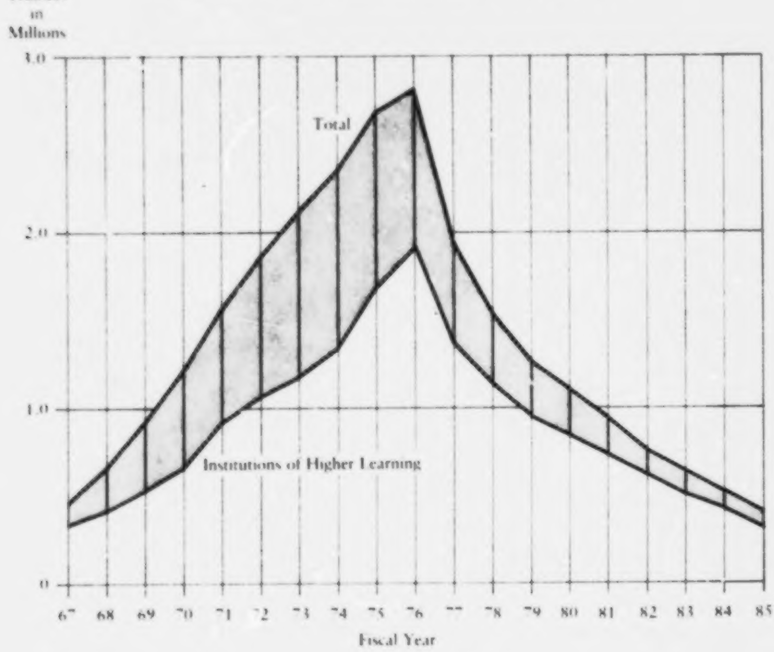
Over 400,000 veterans and active duty personnel received education benefits in FY 1985 under the post-Korean GI Bill. This figure is down 24 percent from FY 1984 and is expected to continue to decline in coming years.

Veterans and service personnel who have neither completed high school nor received an equivalency certificate are considered to be educationally disadvantaged. They may, without charge to their basic entitlement, receive training to overcome their educational handicaps. At the end of September 1985, nearly 918,000 veterans and servicepersons had participated in these 'free entitlement' programs.

Through September 1985, the total number of veterans and servicepersons ever trained under the current GI Bill exceeded 8 million. Approximately 83 percent of these were Vietnam era veterans and servicepersons, and nearly 75 percent were Vietnam era veterans only. More than 61 percent have trained at the college level (excluding correspondence). The remainder pursued vocational and technical training, correspondence training, flight training, cooperative training, and on-the-job-training. The participation rate for Vietnam era veterans exceeds 68 percent, well over the 51 percent participation rate for World War II veterans and the 43 percent participation rate for Korean conflict veterans.

At the end of FY 1985, cumulative expenditures for veterans' educational assistance for post-Korean conflict trainees exceeded $38.9 billion. This compares to expenditures of $4.5 billion for the Korean conflict program and $14.5 billion for the World War II program.

VETERANS' EDUCATIONAL ASSISTANCE:
INDIVIDUALS IN TRAINING DURING YEAR



Post-Vietnam Era Veterans' Educational Assistance

At the end of FY 1985, there were nearly 439,000 active participants (in-service contributors) in the post-Vietnam era veterans' educational assistance fund. Of the more than 1 million persons who have contributed, approximately 388,000 have disenrolled and more than 179,000 who have remaining eligibility have ceased their contributions. The number of trainees during FY 1985 exceeded 48,000, up 25.6 percent from last year. There were 23,130 veterans and servicepersons enrolled at the end of the fiscal year. With the implementation of the New GI Bill, new participants in VEAP are prohibited from July 1, 1985, to June 30, 1988.

Item	FY 1985	FY 1984	Percent Change
Accounts established	1,065,971	754,064	+41.4
Gross contributions	$1,035,503,291	$831,640,814	+24.5
Active participants	438,562	237,858	+84.4
Trained during year	48,110	38,310	+25.6
Benefits paid during year	$86,916,921	$55,375,016	+57.0

All-Volunteer Force and Selected Reserve Educational Assistance Program ("New GI Bill")

The New GI Bill, providing assistance to individuals entering the military from July 1, 1985, through June 30, 1988, and to individuals who, during that time, enlist, reenlist, or extend an enlistment in the Selective Reserve for a minimum of six years, was included in the Department of Defense Authorization Act of 1985. Unless electing not to participate, a serviceperson's basic pay will be reduced by

$100 a month for 12 months, in order to qualify for full education benefits. The reservist section of the act is a noncontributory program. At the end of the fiscal year, approximately 2,000 reservists were in training. A significant number of serviceperson/veteran-trainees is not anticipated until later in the following fiscal year.

Noncontributory Educational Assistance Programs

The Department of Defense Authorization Act of 1981 (Public Law 96-342) provided for two educational assistance incentive programs to encourage enlistments and reenlistments in the Armed Forces.

The Educational Assistance Test Program (section 901) is a noncontributory program in which an eligible participant, or in some cases dependent(s), may receive an educational assistance and subsistence allowance while training at an accredited institution.

The Noncontributory VEAP - Educational Assistance Pilot Program (section 903) - is a modification of the post-VEAP (Post-Vietnam Era Veterans Educational Assistance Program). This program differs from the basic VEAP in that the Department of Defense will pay the participant's monthly contribution, and it allows certain participants to transfer their entitlement to a spouse or child.

Eligibility in both programs is limited to persons who enlisted or re-enlisted in the Army, Navy, Air Force, or Marine Corps after November 30, 1980, and before October 1, 1981.

The first participant was paid benefits in early 1983. Through the end of the fiscal year, there were 301 persons who had trained under section 901, and 230 persons who had trained under section 903.

Emergency Veterans' Job Training Act of 1983

On August 15, 1983, the Emergency Veterans' Job Training Act of 1983 (Public Law 98-77) was enacted. Provisions of the Act took effect on October 1, 1983, with funding becoming available on November 29, 1983.

The Job Training Act is administered by the VA, but the law also assigns responsibility for promoting the development of employment and job training opportunities to the DOL (Department of Labor). Both agencies have joint responsibilities for providing public information and for assisting veterans and employers who apply to participate in this program.

The major provision of the law affords payments to employers on behalf of certain veterans of the Korean conflict or the Vietnam era who have been unemployed for long periods of time. It is intended to help defray the costs of hiring and training these veterans for stable and permanent positions that involve significant training.

During FY 1985, over 139,000 applications for Certificates of Eligibility were received from veterans. Of these, nearly 119,000 veterans were found eligible and received certificates. Approximately 24,000 employers applied to participate in the program during the year, offering nearly 58,000 job openings. By the end of September 1985, almost 37,000 job matches had been made, with about $124 million obligated.

An additional provision of this law provides for an extension in certain instances of a veteran's delimiting date under the GI Bill educational assistance program to allow those veterans in need of training to obtain job skills to pursue a vocational course. This provision also enables veterans to pursue associate degree programs which are predominantly vocational in content. This extension authority expired on December 31, 1985.

Dependents' Educational Assistance

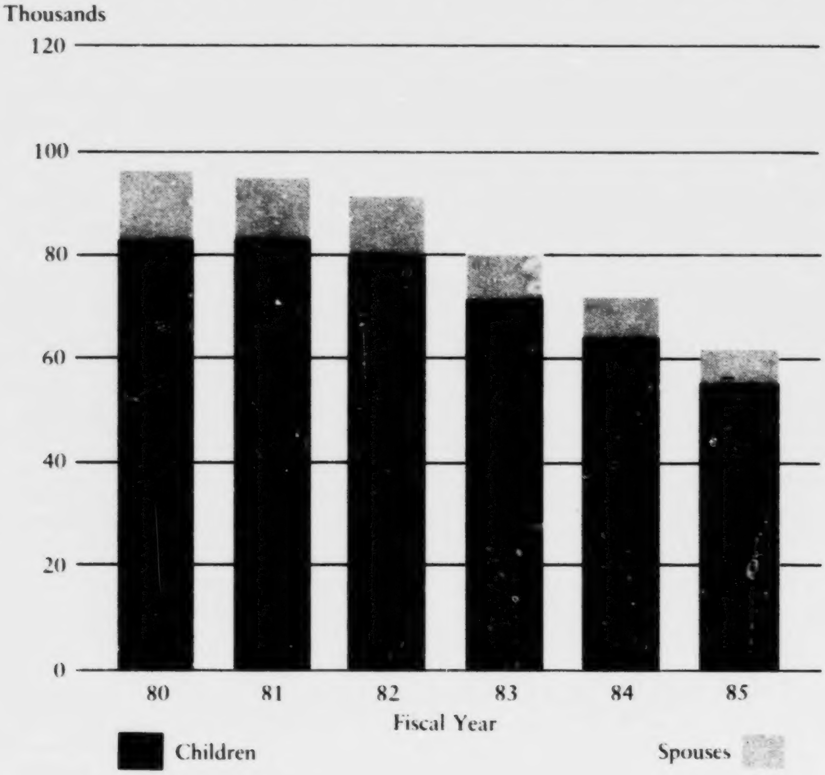
This program provides educational assistance for eligible spouses and children of veterans who died from service-connected causes or whose service-connected disabilities are rated total and permanent. Spouses and children of service personnel who are listed as prisoners of war, or as missing in action or interned by a foreign government for more than 90 days, are also eligible under the program. Up to 45 months of full-time training are provided in approved schools.

Over 55,000 children and nearly 7,000 spouses took advantage of the program during FY 1985. Approximately 90 percent used their entitlement to acquire college-level training.

State Approving Agencies

State approving agencies were created originally to meet the requirements of the World War II programs. Courses offered for training to veterans and other eligible persons must be approved by the approving agency of the State where the training facility is located, or, when no State approving agency has been designated, by the Administrator. A number of States have designated two or more agencies to carry out this function. In FY 1985, the VA negotiated contracts with State approving agencies at a cost of approximately $12.5 million.

DEPENDENTS' EDUCATIONAL ASSISTANCE: BENEFICIARIES IN TRAINING DURING YEAR



BEST COPY AVAILABLE

Housing Assistance

Comparative Highlights

Item	FY 1985	FY 1984	Percent Change
Number of loans			
Guaranteed home	170,015	238,478	-28.7
Guaranteed manufactured home	8,916	13,110	-32.0
Direct	5	8	-37.5
Average loan amount			
GI primary home[1]	$67,017	$64,014	+4.7
Manufactured home	$21,197	$21,273	-0.4
Direct	$30,290	$30,562	-0.9
Maximum interest rate[2]			
GI and direct home	13.5%	14.0%	---
Manufactured home unit	16.0%	16.0%	---
GI home loans outstanding[3]	4,132,492	4,227,982	-2.3
GI home loans in default[3]	115,272	102,009	+13.0
As a percent of loans outstanding	2.8%	2.4%	+16.7
Substitutions of entitlement	4,236	3,729	+13.9
Properties on hand[3]	18,692	21,895	-14.6

[1] *Includes condominiums*
[2] *During year*
[3] *End of year*

Summary

The loan guaranty program provides housing credit assistance whereby mortgage credit needs of veterans and service personnel may be satisfied by private capital on more liberal terms than is generally available to nonveterans, without the assumption of undue risks by the Federal Government.

Assistance is primarily through substituting the Government's guaranty on loans in lieu of the substantial down payments and other investment safeguards applicable to conventional mortgage transactions.

Loans may be used to purchase a home; to purchase a residential unit in certain condominium projects; to build a home; to repair, alter, or improve a home; to refinance an existing home loan; to improve a home by installing solar heating or other energy conservation measures; to buy a manufactured home, with or without a lot; or to buy a lot for a manufactured home the veteran already owns.

Loans are available to veterans who have sufficient qualifying service since the date of September 16, 1940; to unremarried surviving spouses of veterans who died from service-connected causes; to spouses of service personnel officially listed as missing in action or captured for more than 90 days; and to service personnel who have served at least 181 days.

The volume of loans guaranteed during FY 1985 was considerably lower than that of FY 1984. Most of the decrease occurred in the first half of the year when rates were higher. Lower interest rates during the second half of the year contributed to a significant increase in activity.

Over 183,700 veterans were assisted with home ownership during FY 1985. The VA guaranteed 178,931 home loans in the amount of over $11.4 billion; disbursed 5 direct loans amounting to over $151 thousand; made 540 grants for specially adapted housing totaling over $15 million; and approved 4,236 substitutions of entitlement.

Manufactured Home Loans[1]

Since the inception of the manufactured home loan program in February 1971, the VA has guaranteed 97,938 loans for manufactured homes, thereby assisting lenders in providing over $1.7 billion in loans to veterans who probably would have been unable to afford a home in the conventional market.

During FY 1985, 9,362 applications were received and 8,916 manufactured home loans amounting to almost $189 million were guaranteed. The number of loans guaranteed during the fiscal year represents a decrease of almost 32 percent from FY 1984. Of these loans, over 61 percent were made by non-supervised lenders that were approved for automatic processing as provided by the Veterans Housing Act of 1974.

Of the loans guaranteed during the fiscal year, 8,398 were for the purchase of new manufactured homes while 518 were for used units. Loans for the purchase of single-wide manufactured homes accounted for nearly 74 percent of the FY 1985 total. The average loan amount for single-wides was $19,566, while for double-wides it was $25,780.

Plant Inspections

In October 1981, HUD (Department of Housing and Urban Development) advised the VA that it could provide the inspections and related reports concerning the monitoring of the fabrication process of manufactured homes. Consequently, the VA discontinued its formal program of manufactured home plant inspections and elected to accept the results of HUD inspections, which involve all manufactured home factories, i.e., those making products which are sold to veterans and non-veterans.

These reports on the activities of any particular manufacturing plant are available to the VA Loan Guaranty Service from either HUD or the NCSBCS (National Conference of States on Building Codes and Standards).

Complaints from veterans concerning manufactured homes did not warrant that the VA, in addition to HUD, should inspect manufacturing facilities, for it appears that veterans are being adequately protected by the HUD inspection program and follow-up procedures. These complaints are discussed in greater detail in the section entitled "Compliance with Warranty."

HUD has informed the VA of its efforts to improve quality control in the manufacturing process. Meetings have been held and will continue to be held with senior plant managers and inspection agencies.

---

[1] *This information is included in compliance with section 1819, title 38, U.S.C.*

The post-production activities of HUD emphasize consumer complaints and corrections of serious standards problems found to exist in various classes of manufactured homes. While most corrections are handled locally by inspectors, HUD is involved in two significant corrective actions at this time. One corrective action involves the installation of furnace flues on 118 units. The other action is related to problems in structural design non-conformances by a major manfacturer involving at least 4,000 units.

Manufactured Home Onsite Inspections

During FY 1985, the VA randomly selected 574 manufactured homes secured by GI loans for inspection. Each inspection covered both the home and its site.

In some instances the inspectors were unable to check certain items. Therefore total responses relating to a particular item do not always equal the total number of inspections. The percentage figures given below relate to the total number of responses for a particular item.

- The average size of the manufactured home units was 1,120 square feet.
- 66 percent of the manufactured homes had skirting and 84 percent had tiedowns installed.
- 90 percent of the homes were connected to community or public water facilities and 10 percent had private systems.
- 74 percent disposed of their sewage through public or community disposal systems and 26 percent were connected to private systems.
- 86 percent of the units were located in manufactured home parks and 14 percent occupied individual sites.
- 99 percent of the manufactured homes have remained at their original locations as specified in the loan applications.
- 58 percent of the manufactured home sites were rated as satisfactory, 42 percent were rated as excellent, and none were rated as poor.

Compliance with Warranty

Every new manufactured home financed by a GI loan must have a written warranty from the manufacturer to the purchaser, which includes a specific statement that the manufactured home meets the standards prescribed by the VA.

During FY 1985, VA field stations reported 161 complaints from veterans expressing dissatisfaction in some manner with their manufactured home unit. Of these complaints, 155 were considered justified and 6 were determined to be unjustified. By the end of the fiscal year, 128 (82.6 percent) of the justified complaints had been resolved, and 27 (17.4 percent) were pending resolution. Of these complaints, 144 (92.9 percent) were under warranty; 4 (2.6 percent) were due to faulty setup; and 7 (4.5 percent) were attributed to both warranty and faulty setup.

The nature of the complaints covered under warranty varied from minor defects to severely defective items to be repaired. A total of 144 justified (92.9 percent) complaints were reported because of flawed construction of the unit; complaints received on both the construction and furnishings of the manufactured home accounted for 10 (6.5 percent) of the complaints; and 1 (0.6 percent) expressed dissatisfaction with only the furniture and appliances in the manufactured home.

VA field stations are continuing to act promptly in determining the validity of the complaints, which are widely distributed among manufacturers and models, with no single manufacturer accounting for a significant percentage of the total complaints.

Profile of Manufactured Home Market vs. GI Home Market

The primary beneficiaries of the VA manufactured home program are, for the most part, the younger, lower-income veterans and servicepersons who cannot afford conventional housing.

Although the number of manufactured home loans guaranteed represents only a small percentage of the total loans guaranteed, it is evident that veterans obtaining manufactured home loans are those for whom the program is intended, as evidenced by the following data:

During FY 1985, the median loan amount for conventional homes was 3.3 times greater than for manufactured homes, and the purchase price was 3.4 times greater. The net monthly income of veterans purchasing conventional homes was 1.3 times greater than that of veterans purchasing manufactured homes. Monthly housing expenses of veterans obtaining conventional homes was 1.6 times greater than that of veterans who obtained manufactured homes, and the assets of those purchasing conventional homes amounted to 2.8 times the amount of assets of those purchasing manufactured homes. In addition, the median age of manufactured home buyers was 28 years, while the median age of conventional home buyers was 36 years.

The above statistics are based upon loans submitted for VA approval prior to loan disbursement. Condominium loans are not included with conventional home loan data.

Defaults

When the VA manufactured home loan program was established, it was anticipated that the incidence of defaults and claims would be greater than that experienced for loans on conventional homes. During FY 1985, claims paid, as a percent of the average number of outstanding manufactured home loans, rose to 4.9 percent, as compared to 0.6 percent for conventional homes.

Direct Loans

Congress authorized the direct loan program via Public Law 81-475, enacted April 20, 1950, as a supplement to the guaranteed loan program in rural areas where private financing was not generally available. A review of the program in 1980 revealed that private sector funding was generally available in all areas of the country. The review resulted in a suspension of the program by congressional action during FY 1981, with the exception of loans to severely disabled veterans for specially adapted housing.

During FY 1985, the VA made five direct loans to severely disabled veterans amounting to $151,450.

GI Home Loans

During FY 1985, 170,015 home loans were guaranteed. This total includes refinancing loans, condominium loans, alteration and repair loans, and direct loans sold and guaranteed, in addition to loans for the purchase of the traditional single-family home.

Over 70 percent of the veterans purchasing a home with a guaranteed loan were able to obtain loans requiring no down payments. Loans to finance the purchase of previously occupied housing accounted for over 71 percent of the primary home loans guaranteed during the fiscal year. These loans averaged $62,381 and financed homes with an average purchase price of $64,970. On newly constructed homes, the average loan was $74,838 and the average purchase price was $78,942.

Of the total home loans guaranteed during FY 1985, almost 57 percent went to Vietnam and post-Vietnam era veterans, slightly over 18 percent to servicepersons, over 11 percent to veterans whose entitlement was restored, almost 8 percent to post-Korean conflict veterans, 3 percent to World War II veterans, 2.5 percent to Korean conflict veterans, 0.1 percent to post-World War

II veterans, and 0.2 percent to unremarried surviving spouses. Four loans were guaranteed for spouses of servicepersons classified as prisoners of war or missing in action.

Between June 22, 1944, and September 30, 1985, veterans have obtained over 11.5 million home loans totaling over $241 billion under the GI home loan program.

Credit Market Conditions

During most of FY 1985, the VA home loan program operated under an improved mortgage market environment. Both short-term and long-term market interest rates moved lower during most of the fiscal year. The reduction in interest rates resulted from beliefs that the economic recovery would remain relatively weak, thereby limiting private credit needs and, at the same time, enhancing the prospects for a continued moderation of price inflation. The VA interest rate ceiling, reflecting the general improvement in market interest rates, was lowered from 13.5 percent at the start of the fiscal year to 11.5 percent at the end of the fiscal year.

Funding Operations

For the second time since the inception of the Loan Guaranty Revolving Fund, appropriations of additional funds were necessary to meet program expenditures. The high level of unemployment, coupled with the rapid deceleration of house price appreciation, helped to bring about an increase in the home loan foreclosure rate, not only for the VA home loan program but for conventional home loans as well. During the last three years house prices appreciated only 3.3 percent per year, compared to a 10.9 percent appreciation rate during the 1970's. Concurrently, many home borrowers became unemployed for long periods during this time, causing the VA to suffer more losses in FY 1985 than in the past. To meet these losses, a total of $306.6 million was appropriated to the fund.

During FY 1985, the VA collected $168.7 million in principal and interest payments, with the interest portion amounting to $115.5 million. Loan sales from the VA's own portfolio of loans netted $688 million.

Specially Adapted Housing Assistance

The lack of mobility and the psychological problems associated with a severe disability often impose tremendous burdens on its victims. The simplest tasks become difficult, and some procedures, such as acquiring a suitable home, are almost impossible without assistance. Frequently VA representatives escort veterans or take the veteran's place during contacts with builders, lenders, and architects.

Severely disabled veterans declared eligible for grants for specially adapted housing have distinctive housing needs such as wide doorways to accommodate wheelchairs, ramps instead of steps, oversized and specially equipped bathrooms, etc. VA extends whatever help is required, as determined on an individual basis. Assuring that structural requirements are met is only one aspect of the specially adapted housing program.

During FY 1985, 443 severely disabled veterans, some wheelchair bound, received grants totaling $15 million to buy, build, or modify homes specially adapted for their use.

Public Law 96-385, The Veterans' Disability Compensation and Housing Benefits Amendments of 1980, effective October 1, 1980, authorized a new category of specially adapted housing grants. Under this amendment, a disabled veteran who is either blind in both eyes or who has lost, or lost the use of, both hands, qualified for a benefit of up to $6,000 to make minor adaptations to his or her house. During FY 1985, there were 97 grants of this type, totaling $540,929.

Fair Housing Program

A key aspect of VA's fair housing program is the statistical monitoring of minority participation in the VA guaranteed home loan program. This monitoring includes both quantitative and qualitative analyses.

Minority veterans continued to obtain a significant share of VA guaranteed loans during FY 1985. While comprising 12 percent of the veteran population, minority veterans obtained nearly 19 percent of the home loans closed. Black veterans obtained 12.3 percent, Hispanic veterans 3.7 percent, Asian/Pacific Island veterans 1.8 percent, and American Indian/Alaskan Native veterans 0.8 percent of the total loans.

Qualitative indexes show a continued strong reliance on spouse's income in order to qualify for home loans. A significant 49 percent of the VA guaranteed loans closed in FY 1985 were approved because of the supplemental income of the spouse. Spouse's income was especially important for minority buyers; 60 percent of the American Indian/Alaskan Natives, 56 percent of the Asian/Pacific Islanders, 54 percent of the Hispanics, and 53 percent of the blacks who obtained VA guaranteed home loans relied upon help from spouse's income.

From FY 1984 to FY 1985, there were increases in the average annual incomes of all minority groups of home buyers using VA guaranteed loans to finance their home purchases.

Group	Average Annual Income		Percent Change
	FY 1985	FY 1984	
Asian/Pacific Islander	$34,200	$32,100	+6.5
White (not Hispanic)	33,500	32,400	+3.4
American Indian/Alaskan Native	33,500	32,600	+2.8
Black (not Hispanic)	31,200	29,800	+4.7
Hispanic	30,900	30,200	+2.3

VA guaranteed home loans covering the full purchase price of the home (no down payment) were obtained by 84 percent of the black, 80 percent of the American Indian/Alaskan Native, 77 percent of the Hispanic, 72 percent of the Asian/Pacific Islander, and 70 percent of the white participants in FY 1985.

An objective of the VA's Fair Housing Program is to increase minority business participation in work related to the loan guaranty program. This includes assigning appraisers and compliance inspectors, and engaging the service or repair contractors, management brokers, and sales brokers. During FY 1985, these minority businesses received $20.1 million, or 14 percent, of all commissions and fees paid and assignments made by the VA. The dollar breakdown is as follows: $5.8 million to minority fee appraisers and compliance inspectors, $5.4 million to minority repair and maintenance contractors, $6.2 million to minority sales brokers, and $2.7 million to minority management brokers.

Another important aspect of the VA's fair housing program is its home counseling service. The VA conducts a home counseling service in 23 cities, providing prospective home-buying veterans advice and assistance in the practical aspects of home buying and home ownership. Minority veterans comprised 6,870 of the 14,305 veterans counseled in FY 1985, reflecting the thrust of the program toward aiding minority veterans. Since the inception of the program in 1973, over 70,000 minority veterans and 125,000 veterans overall have been assisted by this home counseling service.

Life Insurance

Comparative Highlights

Program (thousands)	Fiscal Year		Percent Change
	1985	1984	
USGLI			
Policies	64	70	-8.6
Amount	$247,999	$275,231	-9.9
Death benefits	$24,400	$26,173	-6.8
NSLI[1]			
Policies	3,109	3,198	-2.8
Amount	$22,164,810	$22,589,213	-1.9
Death benefits	$415,385	$396,134	+4.9
VSLI[1]			
Policies	367	383	-4.2
Amount	$3,218,759	$3,345,554	-3.8
Death benefits	$21,774	$22,374	-2.7
SDVI			
Policies	187	189	-1.1
Amount	$1,691,985	$1,713,293	-1.2
Death benefits	$21,710	$20,047	+8.3
VRI[1]			
Policies	144	152	-5.3
Amount	$986,661	$1,047,263	-5.8
Death benefits	$18,733	$18,742	0.0
SGLI			
Policies	3,427	3,397	+0.9
Amount	$119,104,410	$118,114,032	+0.8
Death benefits	$137,132	$157,124	-12.7
VGLI			
Policies	251	293	-14.3
Amount	$7,228,105	$7,552,240	-4.3
Death benefits	$22,704	$22,102	+2.7
VMLI			
Policies	6	6	0.0
Amount	$179,765	$178,809	+0.5
Death benefits	$5,857	$4,857	+20.6

[1] *Includes paid-up additional insurance purchased by dividends.*

Program	Abbreviated Reference	Policy Prefix Letter	Program Beginning	Ending Date of New Issues
U.S. Government Life Insurance	USGLI	K	01/01/19	04/24/51
National Service Life Insurance	NSLI	V H	10/08/40 08/01/46	04/24/51 12/31/49
Veterans Special Life Insurance	VSLI	RS W	04/25/51	12/31/56
Service-Disabled Veterans Insurance	SDVI	RH	04/25/51	Open
Veterans Reopened Insurance	VRI	J, JR, JS	05/01/65	05/02/66
Servicemen's Group Life Insurance	SGLI	-	09/29/65	Open
Veterans Mortgage Life Insurance	VMLI	-	08/11/71	Open
Veterans Group Life Insurance	VGLI	-	08/01/74	Open

Summary

Life insurance protection for the Nation's service personnel and veterans is provided under five separate programs administered by the VA and three programs supervised by the VA.

The first five programs shown in the table are entirely VA-administered and provide for a maximum coverage amount of $10,000. The latter three programs are supervised through a contractual relationship with private companies. The Servicemen's Group Life Insurance and Veterans' Group Life Insurance programs are administered by the Prudential Insurance Company of America, Newark, New Jersey; both programs provide up to $35,000 in coverage each. The Veterans' Mortgage Life Insurance program is administered by the Bankers Life Insurance Company of Lincoln, Nebraska, although some policy maintenance activities are performed by the VA Insurance Center in St. Paul, Minnesota. This program provides coverage up to $40,000.

At the end of FY 1985, these eight programs provided coverage of nearly $155 billion to over 7.2 million insureds.

Government Administered Programs

United States Government Life Insurance

USGLI is the oldest Government-administered insurance program still active, established in 1919 as an outgrowth of the War Risk Term Insurance program begun during World War I.

War Risk Term Insurance was the Government's first attempt to offer life insurance to servicemen and it proved to be surprisingly successful. USGLI was established, in part, to provide a means of converting from the War Risk program, which was not intended to be a long-range insurance program. At the end of FY 1985, 63,860 USGLI policies remained in force. The program is self-supporting except for administrative expenses and the rare claims that are traceable to the extra hazards of military service, which are paid by the Government. There has been a steady decline in the number of policyholders, and this decline will continue to accelerate, as the average age of these insureds is now nearly 79 years.

Effective January 1, 1983, premium payments were no longer required on USGLI policies since the VA's actuarial staff determined that the USGLI fund reserves were adequate to meet all future liabilities of the program.

The 1985 dividend for USGLI policies will average $248 per insured.

National Service Life Insurance

NSLI was established on October 8, 1940, to serve the insurance needs of World War II service personnel. At its height, this program insured more than 22 million individuals. By the end of FY 1985, 3.1 million policies remained in force with a face value of $22.2 billion. The program is self-supporting except for administrative expenses and claims traceable to the extra hazards of military service, which are paid by the Government. Dividend payments from the surplus earnings of the trust fund averaged nearly $241 per insured in 1985, compared to $211 last year.

Approximately 31 percent of NSLI policies are term plans which renew every five years at the current attained age, causing premiums to increase with each renewal. Previously, as policyholders grew older, the premiums could become prohibitive, causing many to drop their insurance coverage entirely or reduce the face amount of their policies. Effective September 1, 1984, however, a regulation that capped NSLI term premiums at the age 70 rate, which is $6.18 per month per $1,000 of insurance coverage, was approved. Insureds whose term policies renew at an insurance age of 70 or older will never have to pay a higher premium. Also, those veterans whose term policies had already renewed after age 70 had their premiums rolled back to the age 70 rate.

Since the inception of the term capping program, nearly 66,500 term policies have been capped at the age 70 rate. Of the policies affected thus far, premium rates were actually rolled back on over 50,000 of them. Approximately 164,000 policies will be eligible for term capping within the next five years.

NSLI policyholders may use dividends to buy more insurance as paid-up additions to their policies: this allows them to have more than $10,000 of Government life insurance in force. These paid-up additions have cash and loan values and earn dividends. A total of 725,000 policies have paid-up additions with a face value of over $2.43 billion. This represents an increase of 11 percent over the 1984 face amount.

Holders of permanent plans in this program, as well as in the other VA-administered programs, may borrow up to 94 percent of the cash value of their policies. Since July 29, 1981, the interest rate on such loans has been 11 percent.

Veterans Special Life Insurance

VSLI was first made available to veterans separated from service on or after April 25, 1951.

Application had to be made within 120 days of separation. VSLI was a means of providing post-service Government life insurance for Korean conflict veterans. There was no premium-paying insurance during service at this time, although the Government did provide insurance protection with a $10,000 Servicemen's Indemnity. Policies in the VSLI program were issued through December 31, 1956. During the period that VSLI was available, about 800,000 policies were issued, of which 367,000 remained in force on September 30, 1985, with a face value of $3.2 billion.

Initially, only renewable but non-convertible term insurance was available. Effective January 1, 1959, legislation modified the program to permit exchange either to a permanent plan or to a lower cost term policy which was nonrenewable after age 50, but which could later be converted to a permanent plan of insurance.

Dividends were not paid on policies in this program until after the passage of Public Law 93-289 on May 24, 1974. The 1985 dividend payments amounted to $65.8 million. The average dividend payment was $187 per insured compared to $124 in 1984.

A total of 85,000 policies have paid-up additions with a face value of nearly $125 million.

Service Disabled Veterans Insurance

The only Government-administered insurance program remaining open to new issues, SDVI was designed to assure that service disabled veterans could obtain life insurance at standard rates. Every veteran who was separated from service on or after April 25, 1951, who receives a service-connected disability rating for which compensation would be payable if 10 percent or more in degree, and who is otherwise in good health has one year from the date of notice of the VA rating to apply for this coverage. The VA notifies veterans of their eligibility for this coverage after a VA service-connected rating is granted.

Since all SDVI policyholders have some service-connected disability, the program is, in effect, insuring substandard risks at standard premium rates. As a result, the program is not self-supporting and requires periodic appropriations to meet its costs. At the end of FY 1985, there were approximately 187,000 policies in force with a face value of nearly $1.7 billion. Approximately 5,000 new SDVI policies were issued in FY 1985, but the total number in force still declined by 1.1 percent.

Veterans Reopened Insurance

The VRI program was a limited reopening of National Service Life Insurance for certain disabled World War II and Korean conflict veterans who, because of their disabilities, would be unable to obtain commercial life insurance or could not obtain it at a reasonable cost. Applications for this insurance were accepted from May 1, 1965, through May 2, 1966. Approximately 210,000 policies were issued, of which some 144,000 remained in force at the end of FY 1985 with a face value of $987 million. Premiums on individual VRI policies are determined by the health of the individual veteran.

Public Law 96-128, enacted in 1979, provided that dividends would be payable on VRI policies for the first time in 1980. The 1985 dividend payments averaged $203 per insured, compared to $192 in 1984.

In addition to regular annual dividends, commencing January 1, 1985, termination dividends will be paid to VRI JR and JS policyholders upon maturity or cash surrender of their policies, or to the policyholder's beneficiary upon death. Approximately $800,000 in termination dividends will be paid in 1986.

Total Disability Income Provision

TDIP is an optional rider that an insured may add to the basic policy to provide a monthly income in case of disability. This rider may be added to most Government-administered policies except for those issued under SDVI and some of those issued under VRI, if a veteran pays an extra premium and meets the age and good health requirements.

TDIP provides a monthly benefit of $5.75 per $1,000 under USGLI if the policyholder has been rated totally disabled. As of September 30, 1985, 769 of these TDIP riders were in force with a face value of $4.6 million.

TDIP riders have been issued on NSLI, VSLI, and VRI policies under three versions of the law. Under the original provisions, these riders paid $5 per $1,000 of insurance with coverage extended to age 60. Subsequent changes first increased the payment to $10 per $1,000 of insurance with coverage to age 60 and finally, in 1965, coverage was extended to age 65. The table shows the modifications to the law affecting NSLI policies and the current status of these three different riders.

Effective Date of Modification	Monthly Income Per $1,000 of Insurance	Coverage To Age	In Force as of September 30, 1985	
			No. of Policies	Amount of Insurance (in thousands)
Aug. 1, 1946	$ 5	60	4,572	$ 33,159
Nov. 1, 1958	10	60	59,913	456,762
Jan. 1, 1965	10	65	304,969	2,412,821

Government Supervised Programs

Servicemen's Group Life Insurance

The SGLI program was developed in 1965 to provide insurance coverage for members of the armed services. The program is supervised by the VA, but administered by the Prudential Insurance Company of America as the primary insurer. Prudential administers the program through the Office of Servicemen's Group Life Insurance in Newark, New Jersey. During FY 1985, 320 other commercial companies also participated in the SGLI program on a reinsurer/converter, or converter only basis. By the end of FY 1985, 3.4 million active duty service personnel and reservists were insured in the amount of $119 billion, and death benefits paid during the year amounted to $137 million, compared to $157 million for FY 1984.

In addition to full-time coverage for active duty service personnel, full-time or part-time SGLI coverage is available to certain members of the Reserve, National Guard, and ROTC. Members in the four service academies (U.S. Military Academy, U.S. Naval Academy, U.S. Air Force Academy, and U.S. Coast Guard Academy) as well as uniformed members of the Public Health Service and National Oceanic and Atmospheric Administration are entitled to full-time coverage.

Effective December 1, 1981, the maximum coverage amount was raised to $35,000. The serviceperson is automatically insured for this amount unless he or she submits a written request for less ($30,000, $25,000, $20,000, $15,000, $10,000, or $5,000) or declines coverage. Coverage was previously limited to $20,000.

Veterans Group Life Insurance

VGLI is a program that provides for the conversion of SGLI to a five-year nonrenewable term policy. It was designed to provide low-cost Government-supervised insurance to the veteran in the readjustment period immediately following separation or release from service. Prior to establishment of the VGLI program, SGLI could only be converted directly to a commercial policy issued by one of the participating companies after separation from service. Studies had shown that very few veterans were taking advantage of the conversion privilege for a variety of reasons, such as uncertain employment prospects, a desire to complete some type of education or training, and the lack of immediate family commitments. VGLI was designed to provide low-cost protection to veterans during this period of transition into civilian life.

VGLI became effective August 1, 1974, and is available in amounts of $35,000, $30,000, $25,000, $20,000, $15,000, $10,000, or $5,000, but for not more than the amount of SGLI which was in force at the time of separation. VGLI has no cash, loan, paid-up, or extended insurance values, but can be converted to a permanent policy with one of the participating companies at the end of the five-year term period. As of September 30, 1985, 251,000 veterans were insured for over $7.2 billion.

The VA mails an information pamphlet and an application for VGLI to all eligible veterans shortly after their release from duty. Veterans will be accepted for VGLI, regardless of their health, if they apply within 120 days of separation. If they do not apply within this time, they have an additional year to do so, but they must meet the health requirements upon application.

This program is also available to reservists who, while performing active or inactive duty for training under a call or order specifying a period of less than 31 days, suffer injuries or disabilities which render them uninsurable at standard premium rates.

Veterans Mortgage Life Insurance

The VMLI program is supervised by the VA and administered by the Bankers Life Insurance Company of Lincoln, Nebraska, although the Regional Office and Insurance Center, St. Paul, Minnesota, performs routine maintenance activities. The program provides up to $40,000 of mortgage life insurance protection for any veteran who receives a VA grant for specially adapted housing. Coverage is automatic unless the veteran declines, fails to furnish information to establish the premium, or does not pay the premium. VMLI death benefits are paid directly to the holder of the veteran's mortgage. Any unused portion is transferable to a subsequent home mortgage after the preceding one is disposed of, and coverage ceases when the mortgage is paid off, the home is sold, or the veteran reaches age 70.

The monthly premiums paid by disabled veterans covered by VMLI are the same as those charged for standard life insurance and, therefore, are not sufficient to pay all claims. The Government pays the extra-mortality costs and administrative expenses by transfers from the Compensation and Pension appropriation.

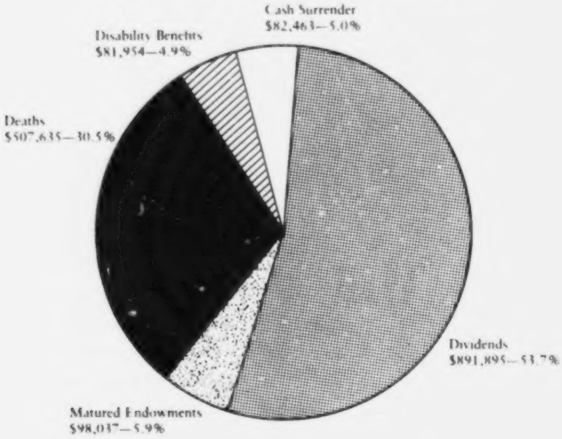
As of September 30, 1985, there were approximately 6,000 VMLI policyholders, with coverage totaling over $179 million. Death benefits paid during the fiscal year totaled nearly $5.9 million.

Disbursements

The Government-administered insurance programs disbursed over $1.6 billion to policyholders and beneficiaries in FY 1985. These disbursements were in the form of dividends, death benefits, disability benefits, proceeds paid to insureds who surrendered their policies for cash, and proceeds paid to insureds whose endowment policies matured.

The following graph depicts amounts and percentages of disbursements by type.

VA—ADMINISTERED INSURANCE DISBURSEMENTS
FISCAL YEAR 1985 (IN THOUSANDS)



Veterans Assistance

Comparative Highlights

Item	FY 1985	FY 1984	Percent Change
Outreach			
Public telephone calls - toll-free	5,191,845	5,199,835*	– 0.2
Public telephone calls - other	8,226,377	8,071,298	+ 1.9
Interviews away from office	128,053	129,947	– 1.5
Interviews at office	1,511,201	1,629,930	– 7.3
Patient interviews	476,743	506,951	– 6.0
Correspondence	1,931,746	2,011,010	– 3.9
Equal opportunity			
Compliance reviews	706	684	+ 3.2
Complaints of discrimination	26	35	– 25.7
Employment assistance			
Requests from veterans	32,969	36,518	– 9.7
Veterans obtaining employment	3,668	4,561	– 19.6
Through OPM	10	29	– 65.5
Through SESA's	3,060	4,160	– 26.4
Through VA contacts	333	117	+ 184.6
Through other contacts	265	255	+ 3.9
Fiduciary activities			
Cases under supervision	125,053	125,083	0
Field examinations (program)	87,912	88,914	– 1.1
Field examinations (nonprogram)	15,454	14,989	+ 3.1
Special investigations	1,126	1,310	– 14.0
Fiduciary account audits	36,858	37,785	– 2.5
Legal actions prepared	14,746	15,603	– 5.5
Court appearances	5,666	5,106	+ 11.0
Miles traveled (in thousands)	4,702	4,925	– 4.5
Work-study agreements	28,425	43,411	– 34.5
Hours worked (in thousands)	4,657	6,634	– 29.8

**Updated figure*

Summary

Veterans Assistance personnel in VA field stations conducted a total of 15,534,219 interviews during FY 1985. Of this number, 86 percent were interviews conducted over the telephone. Correspondence action totaled 1,931,746. Interviews with patients at VA medical facilities totaled 476,743.

Compliance surveys of establishments approved for the education or training of veterans totaled 6,902.

Central Office staff made 37 facility visits, analyzing management practices and determining local compliance with current requirements and directives. Recommendations on ways to improve service to veterans and their dependents were made to the field facilities.

Outreach[1]

The VA conducts an outreach program to inform veterans of the benefits and services to which they may be entitled. The outreach program, originally designed to reach recently separated veterans, particularly the educationally disadvantaged, now also embraces other categories of veterans. These categories include the aged, the incarcerated, the disabled, female veterans, former prisoners of war, and all other veterans, dependents of veterans, and survivors who may be entitled to benefits but are unaware of them.

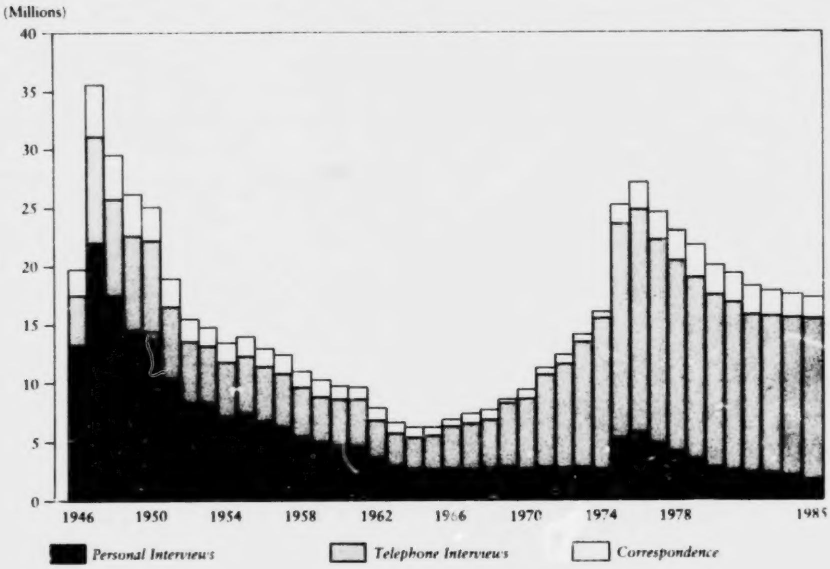
Telephone service makes outreach services available in all 50 states and the Commonwealth of Puerto Rico. The 822 local, Foreign Exchange (FX), 800 service, and Zenith service lines provide fast, easy, and inexpensive access to the VA for veterans' benefits information and assistance.

Telephone interviews were first reported as a means of widespread, official public contact in 1946. At that time telephone interviews comprised only 22 percent of the 19,864,551 total contacts, with personal interviews and correspondence making up 66.5 percent and 11.5 percent respectively. Through the next three decades, telephone and personal interview statistics reversed. By FY 1975, the end of our military involvement in Vietnam, telephone interviews made up 73.4 percent of our 25 million total public contacts. Personal interviews then comprised 20.6 percent and correspondence 6.1 percent.

In recent years the increase in the percent of telephone interviews of all total public contacts has continued to gradually grow. In FY 1985, there were 13.4 million telephone interviews conducted; this number represents 77.4% of all personal contacts reported by regional offices. Personal interviews at the office and correspondence represented 11.5% and 11.1%, respectively, of all such personal contacts.

The following graph shows the trend of total public contacts in each category as reported by regional offices from FY 1946 - FY 1985.

TREND OF PUBLIC CONTACTS, FY 1946-85

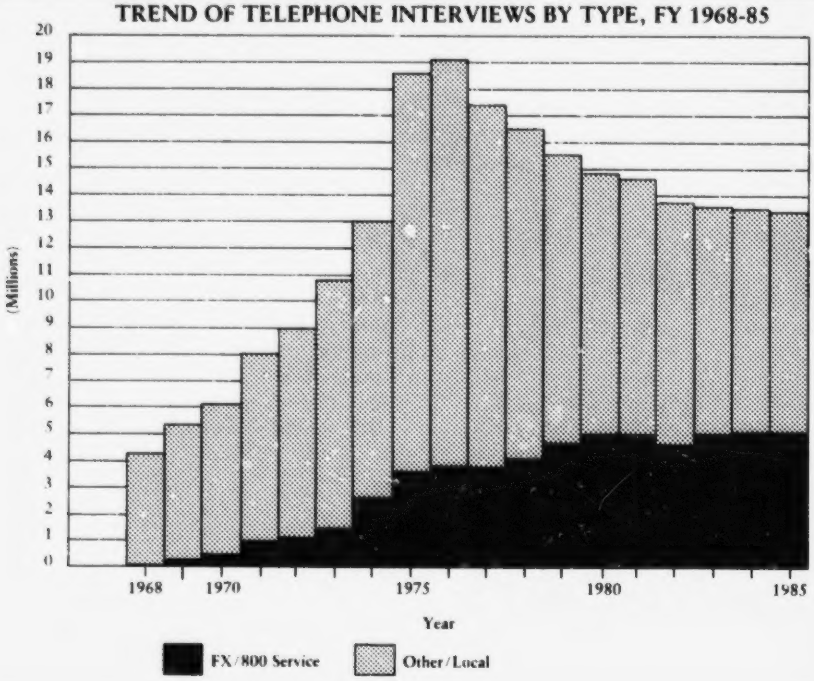


The following graph shows the trend of toll-free originating telephone interviews. Fiscal year 1968 was the year that the VA installed the first FX lines.

---

[1] *This information is included in compliance with section 245, title 38, U.S.C.*

TREND OF TELEPHONE INTERVIEWS BY TYPE, FY 1968-85



The availability of the VA through toll-free telephone calls is widely publicized in commercial telephone directories and in newspaper, radio, and TV announcements. Telephone service is also advertised by posters displayed in appropriate locations, by enclosures inserted in outgoing mail, and in VA pamphlets.

Elderly Beneficiaries

Because elderly veterans and dependents have special needs for information and assistance, the VA has produced particular responses to meet these needs. Since 1974, an important aspect of this response has been participation in the Working Agreement on Information and Referral Services for Older People Among Federal Departments and Agencies. The specially designed pamphlet, "Veterans Benefits for Older Americans," highlights pertinent program areas and has received wide distribution in our liaison with over 600 community-based Area Agencies on Aging. Concerted efforts to develop interdisciplinary approaches with the health care delivery system to address the concerns of elderly veterans and other beneficiaries characterize the VA's direction in responding to this rapidly increasing segment of the population.

Prisoner of War Outreach Program

Public Law 97-37 provided expanded service-connected eligibility and medical benefits to former prisoners of war. Public Law 98-223, effective October 1, 1983, amended POW legislation to include presumptive service connection for dysthymic disorder (or depressive neurosis). The law requires the VA to seek out possible beneficiaries and provide them with information about their entitlement to various VA benefits and services. As a part of this outreach program, POW coordinators have been designated at all VA regional offices and medical centers. Also, National POW/MIA Recognition Day ceremonies were held on July 19, 1985, at nearly all regional offices, medical centers, and national cemeteries in recognition of POW's.

The Advisory Committee on Former Prisoners of War, established pursuant to Public law 97-37, is composed of members appointed from the general public and includes former prisoners of war, disabled veterans, and members of the medical profession who are recognized authorities in fields pertinent to disabilities prevalent among former POW's. The purpose of the committee, as expressed in its charter, is to advise the Administrator of Veterans Affairs on the administration of benefits under title 38, United States Code, for veterans who are former prisoners of war, and on the needs of such veterans with respect to compensation, health care, and rehabilitation. The first report was submitted by the Committee to the Administrator in June 1983; the second was forwarded to the Administrator on April 22, 1985. The next committee report is due no later than July 1, 1987.

The first report included a recommendation for the installation of a national toll-free number for POW's to inform the VA if they are not recognized as POW's, or if their treatment is not consistent with the intent of Public Law 97-37. A 24-hour number was installed in December of 1983 with live coverage during office hours, and recorded coverage, to take messages after hours, on weekends and on holidays. Initially, there was an average of 60 calls received daily, with the current daily average of calls leveling at 35. Most of the callers want information and are given this information immediately. However, approximately 20 percent of the inquiries require referral to field stations for resolution.

A consumer sampling system instituted to gauge the effectiveness of the toll-free number and increase its responsiveness indicates that all callers have received courteous and beneficial services.

Other Outreach Efforts

- Service to incarcerated veterans began after World War II and has continued throughout the years. Field stations provide informational materials such as fact sheets, pamphlets, or available audiovisual aids at the request of correctional facility officials. "On-call" visits to Federal and State institutions are provided upon the request of appropriate prison officials and approved self-help groups, depending on travel fund availability at individual field stations.

- Outreach to veterans' organizations with predominately female membership has been initiated. Field stations have identified such organizations and maintain rosters of their primary contacts. An exhibit highlighting benefits for female veterans has been produced and is available for display at national meetings of service organizations. Women who are former members of the U.S. Armed Forces total 1.2 million, with 260,600 having served during the Vietnam era.

- Educationally disadvantaged veterans of the Vietnam era continue to receive special consideration. Specific outreach procedures have been established and continue to operate at all regional offices to communicate directly with newly discharged veterans who are considered educationally disadvantaged. The purpose of this special effort is to urge and motivate them to take advantage of the liberal education and other benefits provided by Congress for this group.

- The Veterans Assistance Service in the Department of Veterans Benefits has staffed booths with appropriate exhibits and distribution of pamphlets at the annual meetings of the President's Committee on Employment of the Handicapped and the National Council on the Aging. Regional office personnel have also staffed booths at national and State meetings of national veterans organizations.

Equal Opportunity Compliance

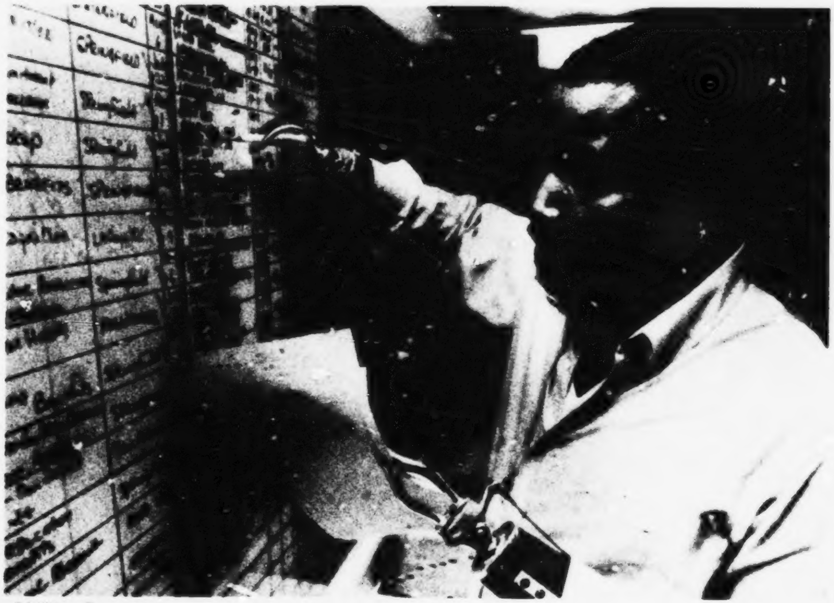
VA field station personnel conduct an equal opportunity compliance program to ensure that education and job training offered to veterans and other eligible beneficiaries are provided without discrimination as to race, color, national origin, sex, or handicap. The compliance program is conducted to carry out provisions of title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, and section 504 of the Rehabilitation Act of 1973. During FY 1985 there was an average of 181 field station employees assigned to perform equal opportunity compliance functions along with their VA education compliance activities. They conducted 165 onsite equal opportunity compliance reviews during FY 1985 in proprietary schools below college level, which represented a 20-percent decrease from the 205 onsite reviews conducted in proprietary schools during FY 1984. Compliance personnel also conducted onsite equal opportunity compliance reviews at 541 job training programs which trained veterans under the Emergency Veterans' Job Training Act of 1983 (Jobs Bill).

The VA received 26 complaints of discrimination during FY 1985, 14 of which were filed against proprietary educational institutions and 5 against job training programs conducted under the Jobs Bill. Three complaints were referred to the Department of Education under our delegation agreement with the Agency, and four were referred to other agencies as not otherwise under our jurisdiction. The VA completed investigations in 8 of the 19 complaints for which it has jurisdiction and found each complaint invalid. Two complaints were withdrawn by the complainants; investigations had not been completed on the remaining nine complaints by the end of the fiscal year.

Employment Assistance

Although the principal responsibility for employment assistance to veterans belongs to the DOL (Department of Labor), the delivery of services requires close interagency cooperation. The VA has continued to work closely with DOL to improve the coordination of job and on-the-job training programs, and other employment services. Veterans with employment problems are given counseling and job assistance at career development centers in VA regional offices.

They are also encouraged to register at the SESA (State Employment Security Agency) job service office in their community. The VA cooperates in DOL'S DVOP (Disabled Veterans Outreach Program) by providing names, addresses, and veterans' benefits training. The VA also provides lists of names and addresses of on-the-job training employers to be used by the SESA's in developing job opportunities. Veterans employment representatives and DVOP representatives are located in some VA regional offices. In FY 1985, 32,969 veterans requested VA employment assistance, and through various referrals, 3,668 obtained employment. Of this total, 10 obtained employment through the OPM (Office of Personnel Management); 3,060 through SESA'S; 333 through VA contacts; and 265 through other contacts.



Ability Counts

Fiduciary and Field Examination Activity

The F&FE (Fiduciary and Field Examination) activity supervised the payment of benefits to fiduciaries on behalf of over 125,000 VA beneficiaries: 114,818 adults who were incompetent or under some other legal restriction, and 10,235 minor beneficiaries. This supervision resulted in 87,912 fiduciary program field examinations, 36,858 fiduciary account audits, 14,746 legal actions prepared, 5,666 court appearances, and over 4.7 million miles traveled. The F&FE activity also conducted 15,454 nonfiduciary program field examinations and 1,126 special investigations in support of other VA activities.

It is projected that the rise in the average age of the veteran population will cause the number of adults under supervision to increase slightly.

Veteran-Student Services Program

During FY 1985, veteran-students pursuing full-time programs of education or training continued to receive a supplemental educational allowance from the Veterans Administration by participating in the Veteran-Student Services (VA Work Study) Program.

Working in a variety of VA activities throughout the VA regional offices, medical centers, and national cemeteries, these work-study students were also placed with various community organizations in support of VA outreach initiatives. For the year, over 28,000 veteran-students performed VA-related services totaling 4.7 million hours for which they were reimbursed at a rate equal to the minimum wage. The efforts of these work-study students significantly contributed to the VA's ability to accomplish its overall mission of servicing veterans, their dependents, and their survivors.

Vocational Rehabilitation and Counseling

Comparative Highlights

Item	FY 1985	FY 1984	Percent Change
Vocational rehabilitation evaluations	40,306	42,078	− 4.2
Initial evaluations	37,421	36,422	+ 2.7
Vocational rehabilitation participants[1]	26,901	29,024	− 7.3
Vocational and educational counseling under other chapters[2]	18,257	28,924	−36.9

[1] *Veterans who have participated in the vocational rehabilitation program at some time during the year.*

[2] *Chapters 32, 34, and 35 of title 38, U.S.C.; Chapter 106 of title 10, U.S.C.; and Public Law 98-77.*

Summary

The primary mission of the VR&C (Vocational Rehabilitation and Counseling) Service is to provide all services and assistance necessary to enable veterans with service-connected disabilities to achieve maximum independence in daily living and, to the extent feasible, to become employable and to obtain and maintain suitable employment. Service-connected disabled veterans who are eligible for these services are identified and encouraged by local VR&C staff members to apply for benefits.

Applicants who are found to need assistance because they have an employment handicap based on a service-connected disability are evaluated to determine if they need services to enable them to be more independent in the activities of daily living, education, or training to provide them with job skills, or placement or other direct employment assistance. Disabled veterans who do not have appropriate job skills are assisted in developing an education and training plan which will provide them an opportunity to learn needed skills. Disabled veterans who complete programs of education and training, and others who are determined to be ready for a job, are provided employment services to assist them in finding employment which is compatible with their aptitudes, interests, abilities, and disability limitations.

In order to ensure that veterans are informed about VA benefits to which they may be entitled, the VR&C staff maintains an on-going outreach program. Additionally, outreach projects to targeted groups of veterans are conducted. During FY 1985, veterans who had sustained injuries in the Grenada or Lebanon conflicts and who had not fully pursued veterans benefits to which they may be entitled were contacted. A special outreach program was also conducted for all service-disabled veterans who, although found eligible under the "Emergency Veterans' Job Training Act of 1983," were not in training. These veterans were informed of their potential eligibility for services under the chapter 31 rehabilitation program.

During FY 1985 two pilot programs were initiated to enable certain disabled veterans to obtain training and employment services which may enable them to return to gainful employment. The VR&C Service also provides comprehensive counseling and assessment services on request to veterans, servicepersons, and other persons who are eligible for VA educational assistance under chapters 32, 34, and 35 of title 38, U.S.C., section 903 of Public Law 96-342, (the "Department of Defense Authorization Act, 1981"), or Public Law 98-77, (the "Emergency Veterans' Job Training Act of 1983"). Career Development Centers are available at many of the regional offices to provide Vietnam era veterans and other beneficiaries with individualized job and career assistance services.

The following items are highlights of FY 1985 accomplishments:

- Over 80,000 disabled veterans, veterans' dependents, and unemployed veterans received rehabilitation, training, counseling, and employment services from VR&C staff.
- 6,860 unemployed veterans received job counseling assistance under Public Law 98-77, the "Emergency Veterans' Job Training Act of 1983."
- Outreach projects to inform veterans of their potential eligibility for the vocational rehabilitation program were initiated for veterans eligible for, but not placed in, a training program under the "Emergency Veterans' Job Training Act of 1983," and for veterans disabled in the Grenada and Lebanon conflicts.
- Special provisions were implemented which allow payments to employers to encourage the job placement of disabled veterans who have completed the VA vocational rehabilitation program. These veterans may be difficult to place due to their disabilities or lack of experience.
- A report on the outcome of a pilot program of independent living services implemented from FY 1982 through FY 1985 was submitted to Congress.
- Public Law 98-543 established a four-year pilot program to provide vocational training and other services to certain nonservice-connected disabled veterans in receipt of VA pensions.
- Public Law 98-543 also established a four-year pilot program to evaluate a program of training and other services for veterans receiving VA individual unemployability benefits.

Vocational Rehabilitation

All veterans requesting vocational rehabilitation services who incurred a compensable service-connected disability on or after September 16, 1940, are provided an initial evaluation. The purpose of the initial evaluation is to determine whether the veteran is eligible for and entitled to chapter 31 services and what kind of specialized assistance is needed. The VR&C field staff completed 37,421 initial evaluations during FY 1985 and provided 26,901 eligible and entitled veterans with one or more specialized services.

Another determination in the initial evaluation process is whether the veteran is ready for a job and whether either employment or training leading to employment is feasible for the veteran. If feasibility is not readily apparent, a period of extended evaluation to determine feasibilitiy is authorized. More than 1,225 veterans were placed in extended evaluation during the year.

Every veteran who is determined eligible for and entitled to rehabilitation services develops a formal rehabilitation plan with the assistance of VR&C field staff. In general, these individualized written plans include several intermediate objectives related to the veteran's rehabilitation goals and one or more types of service along a continuum leading to qualification for and placement in suitable long-term employment.

Educational and vocational training programs were planned with 11,900 service-disabled veterans to help them develop job skills to qualify for suitable employment. More than 4,650 veterans who were determined to be ready for jobs planned a rehabilitation program to obtain the employment services and placement assistance they needed to reach their goals of suitable long-term employment.

During FY 1985, 40,306 service-connected disabled veterans were provided counseling and evaluation services under the VA vocational rehabilitation program. The number of veterans participating in these services reflects a slight decrease of 4.2 percent from the number provided those services during FY 1984.

Employment Services

During FY 1985, the importance of employment services and assistance continued to be emphasized. A total of 4,650 individualized employment assistance plans were developed by disabled veterans with the aid and assistance of VR&C field staff. These plans identified the specific services needed by particular veterans to assist them in obtaining suitable employment. In some cases, specialized assistance was needed to help seriously disabled veterans plan for self-employment. Generally, the plans provided for services and assistance extending over an 18-month period.

During this fiscal year special provisions were implemented which permit the VA to make payments to employers to encourage the job placement of disabled veterans who completed the chapter 31 vocational rehabilitation program but who may be difficult to place due to their disabilities or lack of experience. Under a written agreement with the employer, the VA will pay for direct expenses that result from hiring the veteran and which do not exceed one-half of the wage paid to other employees in the same or similar jobs. Payments can cover up to nine months of work experience or on-the-job training and may be made only to private sector employers.

Several cooperative efforts between the VA and the DOL have benefited veterans seeking employment assistance. The VR&C staff assisted in the marketing and promotion of the Targeted Jobs Tax Credit program by explaining the advantages of the credit to veterans and employers. This program is designed to encourage employers to hire persons from targeted groups with high unemployment rates, including economically disadvantaged Vietnam era veterans and service-disabled veterans who have been vocational rehabilitation participants.

A sharing of resources through the Disabled Veterans Outreach Program, which was initiated in October 1981, was continued. Since a substantial number of Disabled Veterans Outreach Program counselors are stationed at VA regional offices, medical centers, and outpatient clinics, service to disabled veterans was expedited.

Finally, 6,861 veterans were provided employment counseling under the Emergency Veterans' Job Training Act of 1983. This act provides job counseling to eligible, long-term unemployed Vietnam era and Korean conflict veterans. In addition, approximately 224 veterans with 10 percent and 20 percent disability ratings were evaluated by VR&C field staff to determine if they have a serious employment handicap and thus are entitled to 15 months, rather than 9 months, of benefits.[1]

Pilot Programs for Severely Disabled Veterans

Public Law 98-543 established two four-year pilot programs to provide assistance for severely disabled veterans for whom training and employment services are feasible. The purpose of the vocational training program for certain

---

[1] *This information is included in compliance with section 220, title 38, U.S.C.*

VA pensioners is to determine whether they can become gainfully employed if they are provided a full range of assistance and services. If a veteran's pension is terminated due to receipt of income from work or training as a result of participation in the pilot program, eligibility for VA medical benefits will be protected for a three-year period from the date of termination. The trial program was initiated February 1, 1985; a report on the program is required by Congress no later than April 15, 1988.

The second pilot program provides services and assistance to service-disabled veterans who have been awarded total disability ratings by the VA due to individual unemployability. The purpose of the program is to determine if the provision of training and employment services, coupled with the opportunity to have a trial period of employment, will assist veterans with IU (Individual Unemployability) ratings to return to the work force. Veterans awarded an IU rating during the pilot program period must participate in a vocational rehabilitation program if it is determined that employment is a feasible goal. Veterans awarded IU prior to February 1, 1985, may request counseling, employment services, or consideration for training under the VA vocational rehabilitation program. A veteran's rating of IU remains protected for up to 12 consecutive months of substantially gainful employment.

Pilot Program of Independent Living Services

During FY 1985, severely disabled veterans for whom a vocational goal was determined not to be reasonably feasible, but who needed assistance to achieve maximum independence in daily living, were provided services under the pilot program of independent living services and assistance. During the fiscal year, 39 veterans were approved for the pilot program. The total number of approved candidates during the three years of the program's operation is 238. The typical services provided during FY 1985 were similar to services provided during the past three years. Examples include those services necessary to meet the needs in the areas of transportation, attendant care, basic living skills, adaptive equipment, family and peer counseling, housing, and health maintenance. A final report on the program's goals, accomplishments, and cost-effectiveness was forwarded to Congress. The report recommended that the independent living services program be extended as a pilot for three additional years.

Educational and Vocational Counseling

Counseling services are provided upon request to assist non-disabled veterans, servicepersons, and other eligible persons who plan to use their chapter 32, 34, or 35 benefits under title 38, U.S.C., and educational benefits under chapter 106 of title 10, U.S.C. Comprehensive counseling and assessment services focus on planning for the use of VA benefits for education and vocational training. Requests for counseling services from veterans under chapter 34 decreased approximately 48 percent during the fiscal year, which is consistent with the decreased usage of all chapter 34 benefits. There was a substantial increase in requests from post-Vietnam era veterans under chapter 32. Requested counseling under the Survivors' and Dependents' Educational Assistance (chapter 35) program declined almost 11 percent, continuing a trend evident since the lifting of the requirement of mandatory counseling. Counseling and evaluation services were provided by VA counseling psychologists, supplemented as needed by fee-basis contract counseling psychologists in guidance centers. These comprehensive services were available at 107 locations, including 58 VA regional offices, 37 outbased locations, and 12 guidance centers.

Vocational/Educational Counseling Cases—Chapters 32, 34, and 35 of title 38, U.S.C.

Individuals Counseled	FY 1985	FY 1984	Percent Change
Veterans educational assistance (Chapter 34)	6,035	11,559	− 47.8
Dependents' educational assistance (Chapter 35	1,793	2,006	− 10.6
Post-Vietnam era veterans (Chapter 32)	575	234	+145.7

Veterans' Advisory Committee on Rehabilitation

The Veterans Advisory Committee on Rehabilitation was established with the October 1980 enactment of Public Law 96-466, the Veterans Rehabilitation and Education Amendments of 1980. The committee assesses the rehabilitation needs of veterans, reviews the programs and activities of the Veterans Administration designed to meet these needs, and offers recommendations to the Administrator concerning the administration of veterans' rehabilitation programs under title 38, U.S.C.

The eight members and five ex-officio members of the committee represent disabled veterans and persons distinguished in the fields of rehabilitation medicine, vocational guidance, vocational rehabilitation, and employment and training programs. Based on a prior committee recommendation, the knowledge base of the committee was broadened by including three new members from the private and State sectors, and all terms of appointment have been staggered to assure continuity of the committee.

During FY 1985, the committee recommended that the Agency develop and initiate a comprehensive cost-benefit study of the chapter 31 vocational rehabilitation program, which was completely revised by Public Law 96-466. The Agency prepared a concept paper on the study, and approval of the study design is expected during the second quarter of FY 1986.

The committee members discussed ways of enhancing a disabled serviceperson's transition from military service to civilian life and improving followup of such persons by the Veterans Administration. A recommendation submitted to the Administrator proposed that the VA and the Department of Defense work together to develop and implement specific actions to facilitate this transition. The Administrator and the Secretary of Defense agreed with the intent of the recommendation and action has been taken toward implementation.

The committee members initiated or continued their review of several other issues: the case management process in the Agency, pension, and pre-vocational work therapy.[1]

---

[1] *This information is included in compliance with section 1521 (c), title 38, U.S.C.*

BLANK PAGE

Cemeteries and Memorials

Comparative Highlights

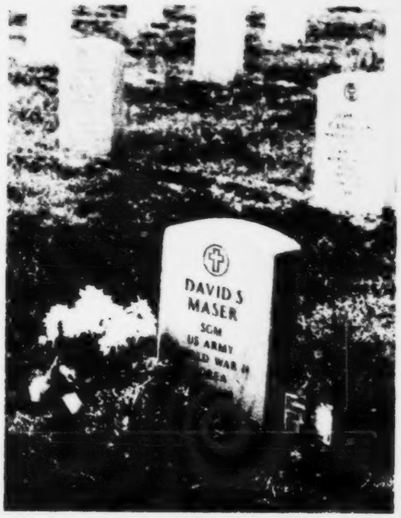
Item	FY 1985	FY 1984	Percent Change
Interments	50,489	47,021	+7.4
Applications for Headstones/Markers	287,659	272,476	+5.6
Applications Canceled	42,007	37,756	+11.3
Headstones/Markers Ordered	224,511	238,160	-5.7
National Cemeteries	54,351	51,222	+6.1
Private Cemeteries	170,160	186,938	-9.0
Replacement Headstones/Markers	7,435	5,619	+32.3

Summary

The DMA (Department of Memorial Affairs) administers veterans' interment benefits that include the National Cemetery System, headstones and markers, memorial plots and markers, and the State cemetery grants program.

In FY 1985, DMA accomplished 50,489 interments in the National Cemetery System, up 7.4 percent from last year, and received applications for 287,659 headstones and markers for graves of eligible persons, an increase of 5.6 percent from last year. Applications were submitted by 9 States for grant assistance and 3 grants totaling $1.8 million were awarded.

The National Cemetery System continued to expand in FY 1985. A new national cemetery was officially identified for the State of West Virginia, the property for which was donated by the State. Action continued for the complete acquisition of 400 acres for a new national cemetery in Florida, officially named the Florida National Cemetery. Six acres were acquired through private donation for expanding the Bath National Cemetery in New York. Land was also transferred through private donation to expand the following national cemeteries: 4.6 acres for Florence, South Carolina, and 2.6 acres for Salisbury, North Carolina. Through an interdepartmental agreement between DM&S and DMA, 15 acres were transferred to Wood National Cemetery, Wisconsin.



Master plans were nearing completion for the Ft. Mitchell, Alabama, and Florida National Cemeteries. The master plan for the Houston National Cemetery, Texas, was completed.

Two national cemeteries previously in 'closed status' were reopened during FY 1985: Knoxville, Tennessee, and Zachary Taylor in Kentucky.

Numerous construction projects were begun in FY 1985. These include a 15-acre gravesite development project at Houston National Cemetery, Texas, and a 14-acre project at Dayton National Cemetery, Ohio. A 13-acre development project was completed at Santa Fe, New Mexico, as was a 5,500 gravesite development project at Biloxi National Cemetery, Mississippi and an administration/service building and new drive at Eagle Point National Cemetery, Oregon. A 3.7-acre development was started at Springfield National Cemetery, Missouri. One acre was developed at New Bern National Cemetery, North Carolina. Contracts were let to remove roads and buildings to gain additional gravesites at Knoxville, Tennessee, New Albany, Indiana, and Zachary Taylor, Kentucky, National Cemeteries. An administration office addition was completed at Fayetteville National Cemetery, Arkansas, while a new administration building was completed at Puerto Rico National Cemetery in Bayamon. A drainage improvement project was initiated at Chattanooga National Cemetery, Tennessee.

As a result of several severe storms, funds from the recently established Emergency Storm Damage Account were used to aid in cleanup and repairs at Barrancas, Puerto Rico; Natchez, Mississippi; and San Francisco, California, National Cemeteries.

Several projects were initiated to eliminate hazardous asbestos material from cemetery facilities. Removal of hazardous asbestos material will continue to be a high priority.

White City National Cemetery, Oregon, was renamed the Eagle Point National Cemetery. The action was taken to assist visitors in locating the cemetery, which is in Eagle Point, Oregon. The name White City was originally used because of its proximity to the White City Domiciliary.

Headstones and Markers

The Department of Memorial Affairs is responsible for administering the headstone and marker benefit program for veterans. During the last twelve years almost 2,800,000 monuments have been furnished to mark the graves of veterans and eligible dependents in private, State veterans, and national cemeteries, in the United States and abroad. In those cases where veterans' remains were not recovered or identified, buried at sea, donated to science, or cremated and the ashes scattered without interment, memorial monuments have been provided. Group burial monuments for special cases have also been provided. The benefit provided includes delivery of the monument to its destination.

In FY 1985, over 287,000 applications for headstones/markers were received and 224,511 monuments were ordered from contractors. Less than 15 percent of the applications received were returned to applicants because of incomplete or inconsistent data. These applications normally are resubmitted, then processed on a priority basis when received.

The total procurement and shipment cost to provide 224,511 monuments in FY 1985 was $12.7 million.

Type Headstone/Marker	Number Ordered FY 1985	Number Ordered FY 1984	Percent Change
Upright marble	26,601	30,172	-11.8
Flat marble	7,095	8,195	-13.4
Flat granite	72,850	74,868	- 2.7
Flat bronze	110,572	123,043	-10.1
Niche covers	7,290	1,717	+324.6
Special purchase orders	103	165	-37.6
TOTAL	224,511	238,160	- 5.7

Replacement headstones and markers are provided at Government expense whenever the original monuments become illegible, deteriorated, or damaged due to the passage of time and other natural causes. Monuments are replaced at private expense when damaged by non-Government personnel or manufactured incorrectly because of applicant error. During FY 1985, there were 7,435 replacements provided.

Seventy-six percent of all monuments ordered were for private cemeteries with the remainder going to national cemeteries. It is expected that requests for Government-furnished monuments and burial in national cemeteries will increase during the coming years due to the aging of the veteran population, especially the World War II veterans

Fifty percent of all monuments provided were bronze, followed by 32 percent for granite markers. The remaining 18 percent were marble headstones, markers, or columbarium niche covers.

In May 1985, the initial phase of an Automated Monument Application System was initiated. The ADP system should be complete and fully operational in FY 1986. This should provide more efficient service to the veterans' next-of-kin.

During FY 1985, there were 5,269 headstones and markers shipped to destinations outside the contiguous United States. The Clark Air Force Base Cemetery in the Philippines underwent a restoration project requiring 2,504 monuments.

The shipment mode of a monument is based on its weight and its destination. Bronze markers weigh 18 pounds and are mailed by parcel post. The flat granite or flat marble markers weigh 130 pounds and are shipped by truck as are the 230-pound upright marble headstones. Stone monuments sent overseas utilize U.S. military ocean transport terminals. In most overseas shipments, an American Embassy officer intervenes to obtain delivery to the final destination.

Destination	Bronze	Granite	Marble	Upright	Niche Marker	Unin-scribed	Total
Alaska	36	5	9	53			103
American Samoa	1	2	2				5
Australia	1						1
Canada	11	4	1	7			23
Cuba				1			1
England	2	1	1	2			6
Germany	3	1	1	3			8
Guam	15	2	30	5			52
Guatemala	1						1
Hawaii	45				28	900	973
Ireland				6			6
Mexico	10			1			11
New Zealand				1			1
Panama			1				1
Philippines	213	5	216	2,505			2,939
Puerto Rico	298	716	96				1,110
Scotland			1	9			10
Virgin Islands	8	3	3	4			18
Totals	644	739	361	2,597	28	900	5,269

State Cemetery Grants

The VA's relationship to State veterans cemeteries is based on a Federal assistance program to aid any State in establishing, expanding, or improving veterans cemeteries owned by it. The program became operational October 1, 1979, and as of September 30, 1985, the VA had received 21 applications from 13 States requesting $11.3 million. Over $10 million has been obligated in support of 16 projects. The accompanying table provides details on the active projects in FY 1985.

Location	Project	Grants (thousands)	
		Request	Funds Obligated
Arizona Phoenix	Improvement (Well and water distribution system)	$ 188	$ 188[3]
Connecticut Middletown	Establishment (including administration/ service building)	682	682
Guam Piti	Establishment (including administration and main building, chapel, and public restrooms)	2,413[1]	2,413
Hawaii Kauai	Expansion/improvement	118	
Illinois Quincy	Improvement (storage/maintenance building)	51[1]	51
Maine Augusta	Improvement (security fence, audit, and master plan)	246	216
Maryland Crownsville	Improvement (Phase II development)	894[1]	894
Garrison Forest	Establishment	862	862[3]
New Jersey Arneytown	Establishment (including administration/ committal shelter, maintenance building, public restroom and water treatment building)	1,454	1,454
Rhode Island Exeter	Establishment (Phase I/II)	750[1]	750[3]
Wisconsin King	Improvement (security fence, storage building, road repair and landscaping)	71	71
Wyoming Evansville	Establishment (administration/lodge, chapel and maintenance building)	681[1]	717
	Improvement (entrance road)	785	718[2]
	TOTAL	$9,212	$9,016

[1] *Revision of grant request.*

[2] *Statutory limit on amount state could receive.*

[3] *Project completed (amount reflects final cost).*

Administration and Management

Comparative Highlights

Item	FY 1985	FY 1984	Percent Change
Debt collection	$16.0	$14.0	+14.3
Settlement of administrative tort claims under $2,500	$217,898	$237,335	-8.2
Cost of administering FOIA (millions)	$2.0	$1.7	+17.6
FOIA fees assessed	$23,375	$24,809	-5.8
Audit reports issued	262	294	-11.0
Audits reports resolved	271	274	-1.1
Investigation cases closed	1,151	1,270	-9.4
Direct deposit/electronic fund transfer (C&P payments) participants	1,412,937	1,312,000	+7.7
Forms and form letters	12,959	12,744	+1.7
Presidential Memorial Certificates issued	294,350	260,000	+13.2
Major construction contracts awarded	24	28	-14.3
Number of construction projects	1,029	819	+25.6
Estimated construction cost (millions)	$2,900	$2,319	+25.1
Supply funds sales (millions)	$642	$600	+7.0
Equipment assets (billions)	$2.2	$2.0	+10.0

Office of the General Counsel

As the chief legal officer of the VA on all matters of law, litigation, and legislation, the General Counsel interprets all laws pertaining to the VA, and provides all necessary legal services. Among these services are the following:

- Collections for the Government. Debts owed the Government are referred to the General Counsel by the departments when their collection efforts fail.
- Settlement of claims against the Government. Claims against the Government based upon alleged malpractice or negligence of VA employees are investigated and resolved.
- Legislative program. The General Counsel develops and prepares for submission to the Congress the proposed legislative program of the VA, coordinates testimony, and provides reports and drafting services in pending legislative matters.
- Opinions of the General Counsel. General Counsel opinions which are of sufficient importance are printed and digested. Copies of the opinions and digests are maintained in the Central Office Law Library and all District Counsel offices.
- Litigation. Civil or criminal court actions involving the VA are conducted by the General Counsel directly, or in cooperation with the Department of Justice. Litigation most often involves real estate transactions, incompetency, decedent estates, commitment of mentally ill patients, personal injuries, and civil and criminal actions involving VA benefits or facilities.

The Office of the General Counsel assisted in defending the constitutionality of the statutory attorney fee limitation before the United States Supreme Court. (An attorney is prohibited from charging more than $10 to represent a VA claimant.) The plaintiffs in the case claimed the fee statute is unconstitutional both on its face and as applied to them. They asserted that it prevents VA claimants from engaging effective legal representation, and thereby violates their constitutional rights to due process under the fifth amendment and to petition the Government for redress of grievances under the first amendment. Earlier, a Federal district court had issued a nationwide preliminary injunction prohibiting enforcement of the fee limit. After obtaining a stay of the injunction from Supreme Court Justice Rehnquist, the Government appealed the case directly to the Supreme Court, which reversed the district court. Given the availability of service organization representatives who assist VA claimants free of charge and the nonadversarial nature of VA adjudication procedures, the Court concluded that the fee limitation is not *per se* unconstitutional. In a separate concurring opinion, however, Justices O'Connor and Blackmun indicated their understanding that the Court's reversal did not determine the merits of the individual plaintiffs' assertions, as the record was insufficient to evaluate whether the fee limit may be unconstitutional as applied to them or any identifiable groups. Because the concurring opinion can be read as not being determinative of the individual plantiffs' "as applied" claims, further proceedings in the Federal district court will be required to determine the scope of the Supreme Court's decision.

Legal support was provided in prosecution and defense of several suits involving challenges to laws and regulations governing the VA's disability payment programs. In one case, a Federal court upheld the VA's interpretation of the statute requiring suspension of disability compensation when an incompetent veteran without dependents is institutionalized in a Government-run facility. That holding led to the recovery of $42,000 in overpaid benefits. Other lawsuits initiated, but not resolved during the year, include a challenge to the statutory reduction in benefits, with apportionment to dependents, of veterans incarcerated for conviction of felony crimes. Also pending was an action on the statute requiring that a veteran waive military retirement pay, dollar-for-dollar, before disability compensation can be awarded. In addition, a suit is pending which challenges, on due process grounds, VA procedures in providing notice to beneficiaries prior to termination or reduction of disability pension benefits.

A suit of several years' duration, involving the VA's procedures in adjudicating disability claims based upon alleged exposure to ionizing radiation, was settled by agreement of the parties. Under the court-approved settlement, if certain previously unsuccessful claimants who reopen their claims are found entitled to benefits under the regulations recently promulgated under the Veterans' Dioxin and Radiation Exposure Compensation Standards Act, they would be granted benefits effective from the date the earlier claim was filed.

In response to passage of the Veterans' Dioxin and Radiation Exposure Compensation Standards Act, the Agency promulgated regulations governing the adjudication of Agent Orange and ionizing radiation exposure claims. Issuance of these regulations was coordinated by the General Counsel. An advisory committee composed of distinguished scientific and lay authorities reviewed the proposed regulations and pertinent scientific literature, as well as public comments, and made recommendations to the Administrator before the regulations were issued in final form.

Litigation continued to be brought against the VA in connection with its care of chronically ill patients. As reported previously, *Hanke v. Walters*, 740F. 2d 654 (8th Cir. 1984), established a minimal due process right to notice of the opportunity to present relevant medical information prior to an Agency decision to transfer to nursing homes those veteran patients who have received maximum benefits of VA hospitalization. The cases under consideration by the courts involve transfers to community nursing homes or discharges of veteran patients who have received maximum medical benefits of VA nursing home care units. In defending these cases the VA has repeatedly asserted that in the absence of judicial determinations applying the due process requirements set forth in *Hanke* to a discharge or transfer from a VA nursing home, the medical decision that the plaintiff's need for nursing home care no longer exists is a final one not susceptible to judicial review and that such a decision to transfer or discharge represents all the process to which the plaintiff is due.

The case of *Falter v. VA*, a prolonged lawsuit involving the rights of patients in VA medical facilities, was resolved with the issuance of a decision by a judge who dismissed the case, finding in the Government's favor on all the issues. The case involved a contention that patients at the VA Medical Center Lyons, New Jersey, were being denied statutory and constitutional rights and, particularly, that the conditions at the center were so different from those at other VA medical centers as to deny those patients equal protection under the law.

A Federal district court in Houston, Texas, rejected a challenge to the VA's appraisal practices for VA home loan guaranty purposes. The plaintiffs had alleged that the VA improperly took the racial composition of the area into account in valuing properties. The court ruled that VA's appraisal practices were proper and not racially motivated or discriminatory.

In April 1985, the General Counsel signed a memorandum of understanding with the Department of Justice establishing procedures for VA attorneys to use in foreclosure suits. For the past twenty years, judicial foreclosure of VA portfolio loans has been handled by the Department of Justice. The Deficit Reduction Act of 1984 authorized VA attorneys to bring foreclosure suits. Working together under the principles contained in the memorandum of understanding, VA district counsels and United States attorneys are attempting to reduce delays and costs associated with such delays in the foreclosure of portfolio loans. The VA continued to seek authority from the Department of Justice to use private, fee basis attorneys.

In the area of schools' liability for overpayments resulting from failure to timely or properly certify student enrollment status, the Government has continued to press ahead with its litigation. Three related cases are awaiting a ruling in Federal court against State schools in Georgia; two cases were settled and one is pending against a State school in Florida. Other cases involving substantial overpayment liabilities have been filed by the Department of Justice in California, Florida, Texas, and Georgia. While no cases have yet resulted in a ruling, there has been extensive activity; the next fiscal year should bring judicial rulings on these issues. The VA has also been successful in settling a number of school liability claims for substantial amounts.

In the 1970's the VA funded an education program for servicemen and women by providing them with an opportunity to enroll in and pursue an education at an approved institution prior to their discharge from active duty with the Armed Forces. This program was known as PREP (Predischarge Education Program).

After PREP terminated in October 1976, the VA Inspector General audited several educational instititions which participated in the program and reported that, although the schools were not intended to make a profit on PREP, numerous educational institutions had unjustly accumulated surplus funds. The United States has sued on behalf of the VA to recover such surplus funds from several schools in Washington, California, and Hawaii. Claims against some of these schools have been successfully settled. It is expected that the remaining claims will be scheduled for trial during the next fiscal year.

There continues to be a large number of legal actions related to procurement of construction, supplies, and services. There were 220 new appeals filed with the Board of Contract Appeals in FY 1985, keeping pace with the 219 new appeals filed in FY 1984. There are 12 cases pending, which were appealed directly to the United States Claims Court. In addition, two cases were appealed to the United States Court of Appeals for the Federal Circuit.

With the enactment of the Competition in Contracting Act, the responsibilities of the General Counsel's Office were expanded considerably. In January, 1985, the procedures under which disappointed bidders can protest Agency procurement decisions to the GAO (General Accounting Office) were revised. This not only affects the time period in which an agency must provide its views on the protest to GAO and the time in which GAO must render its decision, but also impacts directly on an agency's ability to award a contract and the contractor's continued performance once a protest has been filed. The act also established a procedure by which protests involving the purchase of automated data processing equipment could be adjudicated before the GSA (General Services Administration) Board of Contract Appeals. Finally, the act made significant changes in the procurement process by revising the Federal Acquisition Regulations to enhance competition.

In FY 1985, the number of bid protests filed with the Agency, the GAO, and the GSA Board of Contract Appeals, and mistake-in-bid cases continued to require considerable time and attention of the General Counsel's office. These efforts involve preparing bid protest reports to GAO and reviewing and concurring in those prepared by the VA's Office of Procurement and Supply; representing the Agency at GAO protest conferences; appearing before the GSA Board of Contract Appeals; assisting United States attorneys in defending contract actions in United States District Court; and concurring in Agency mistake-in-bid determinations.

In FY 1985, the Office of the General Counsel, along with the Office of Procurement and Supply and DM&S personnel, continued its procurement training of VA personnel with particular emphasis on construction contracting.

The General Counsel's office continued to participate in advising Agency personnel on a variety of environmental issues. There are a number of environmental impact statements and studies pending, as well as continuing cooperative efforts with other Federal agencies, e.g., GSA, Department of the Interior, and the Department of the Air Force. The office is also maintaining its efforts with several Federal, State, and local agencies in the areas of utilizing art in architecture, archeological preservation, and historic preservation.

The Office of the General Counsel is involved in all phases of the application of Federal information law to VA operations. In the past year, the office assisted United States attorneys in representing the Agency in information law litigation, an area in which the VA experienced a significant increase during FY 1985. The Agency prevailed in three major Federal district court cases alleging wrongful disclosure of personnel or beneficiary information; another case is on appeal a decision in which the Agency was held liable for disclosure of personnel records. In the case of *Dr. Alcide D. Pellerin v. Veterans Administration*, the plaintiff attempted to amend prior disability rating decisions under the Privacy Act, but the court, in dismissing the complaint, reaffirmed that the Privacy Act cannot be used to change a VA rating decision.

Of the information disclosure laws pertinent to the VA, the FOIA (Freedom of Information Act) is one which has a large impact. This law requires that each Federal agency submit a report to Congress by March 1 for each preceding calendar year. The report submitted by the VA indicates that of the thousands of FOIA requests made in 1985, the Agency granted all but 743 of the requests received. Of those initial denials, 28 were appealed to the Administrator of Veterans Affairs for a final Agency determination. The Office of General Counsel prepares FOIA appellate decisions for the Administrator's review and approval; 8 of the appeals were granted in full, 9 were denied in full, and 11 were granted in part. The VA recovered $23,[illegible]75 in FOIA fees of the total of reported costs to the Agency of $2,001,012 in FOIA-related administrative expenses.

During FY 1985, the Office of the General Counsel made 659 final decisions regarding complaints of discrimination. Those decisions involved procedural questions of the acceptability of complaints for further investigation, as well as substantive decisions involving the issue of the occurrence of discrimination. In addition, 128 cases referred to the Office of the General Counsel for final decisions were remanded for further information or fact finding. During FY 1985, 92 decisions were received from the Office of Review and Appeals of the EEOC (Equal Employment Opportunity Commission) on appeals from decisions made by the Office of the General Counsel. Of those, 71, or 77 percent, of the VA decisions were upheld on either procedural grounds or substantive questions concerning the existence of discrimination. Also, the Office of the General Counsel processed for forwarding to the EEOC an additional 186 employee appeals of final Agency decisions.

In FY 1985, the Office of the General Counsel continued to be involved in negotiability and arbitration issues. Additionally, the General Counsel's office wrote and filed with the Federal Labor Relations Authority and other tribunals 30 major litigation briefs on labor and personnel issues. More than 35 related controversies were reviewed for appeal.

The VA intensified its efforts to increase employees' awareness of their responsibilities to maintain a high standard of conduct and to avoid even the appearance of conflict-of-interest. This increased awareness resulted in a substantial increase in inquiries from managers and employees on a number of issues, including post-employment restrictions, outside financial interests, and items of monetary value afforded to employees from contractors. A number of situations involving employees engaged in these activities resulted in referrals to the Department of Justice or the Inspector General for appropriate actions.

The VA has also continued to implement fully the standards and requirements of the Ethics in Government Act with respect to the annual filing, review, and maintenance of both public and confidential financial disclosure reports which must be submitted by certain VA employees. The Assistant General Counsel, who serves as the Agency's designated ethics official, reviewed and signed over 400 public financial disclosure reports of senior employees during FY 1985.

Medical care reimbursements have been collected from third-party tort-feasors, crime victims' programs, no-fault insurance, medical insurance, and workers' compensation plans. These amounted to $15 million in FY 1985, a $500,000 increase over FY 1984. In coordination with the Department of Medicine and Surgery and the Office of Procurement and Supply, a one-year pilot contract was developed and awarded to a private collection agency for collection of VA health care costs under the workers' compensation laws of California.

The number of medical malpractice claims under the Federal Tort Claims Act declined slightly with 820 new claims received during the fiscal year as compared to 889 new claims in FY 1984. The total amount paid out of the Department of Justice judgment fund for VA malpractice claims and suits in settlements and judgments was a record $35 million. Agency funds paid out in settlement of administrative claims under $2,500 equaled $217,898, a decrease of 8 percent over FY 1984.

Progress continues to be made in the area of debt collection. During FY 1985, debts representing $52 million were referred to district counsels. Cash collections in these cases totaled $16 million, an increase of 14 percent over collections for FY 1984.

New Legislation

Public Law 98-442—National Pearl Harbor Remembrance Day. This act designated December 7, 1984, as "National Pearl Harbor Remembrance Day."

Public Law 98-486—Jewish War Veterans, U.S.A. National Memorial, Inc., Tax Exemption. This act exempted certain property of the Jewish War Veterans, U.S.A. National Memorial, Inc., from taxation by the District of Columbia.

Public Law 98-502—Single Audit Act of 1984. This act established single, uniform financial audit requirements for State and local governments, nonprofit organizations, and other recipients of Federal assistance.

Public Law 38-520—Navy Wives Club of America. This act granted a Federal charter to the Navy Wives Club of America, Inc.

Public Law 98-525—DOD Authorization Act, FY 1985. Title VII of this act, referred to as the "Veterans' Educational Assistance Act of 1984," established an All-Volunteer Force Educational Assistance Program-the "New G.I. Bill" in 38 U.S.C., ch. 30.

Public Law 98-528—Veterans' Health Care Act of 1984. This act improved a wide range of VA health care programs including: contract medical and hospital care in Puerto Rico and the Virgin Islands; the State Veterans' Home Program; GRECC (Geriatric Research, Evaluation, and Clinical Care) authorizations; post-traumatic stress disorder diagnosis and treatment; treatment and rehabilitation of veterans with alcohol and drug abuse disorders; and health care services to veterans living in remote areas of the country.

Public Law 98-542—Veterans' Dioxin and Radiation Exposure Compensation Standards Act. This act provides temporary compensation to veterans or their survivors for service-connected chloracne or PCT (porphyria cutenea tarda) arising within one year of service in the Republic of Vietnam. The law mandated that the VA promulgate final standards for the resolution of a variety of claims for service-connected conditions arising from dioxin or radiation exposure. The law also established a 15-member Veterans' Advisory Committee on Environmental Hazards with the Chief Benefits Director and Chief Medical Director as *ex-officio* members, whose function is to evaluate scientific studies and advise the Administrator on issues of compensation and health care for veterans exposed to radiation or herbicides containing dioxin. Lastly, the act directed that some interagency actions be taken on the part of the Defense Nuclear Agency, the Department of Health and Human Services, and the VA on issues relating to the estimation of radiation doses.

Public Law 98-543—Veterans' Benefits Improvements Act of 1984. This act increased compensation and DIC (Dependency and Indemnity Compensation) rates by 3.2% effective December 1, 1984, and chapter 31, 34, and 35 education benefits by 10% retroactive to October 1, 1984. Other provisions of the act temporarily protected individual unemployability ratings from reductions during "trial work periods;" expanded Veterans' Readjustments Appointment authority; extended the Emergency Veterans' Job Training Act program through FY 1987; required vocational rehabilitation evaluation for certain new VA pensioners; increased the maximums on specially adapted housing grants; and increased the maximum auto grant.

Public Law 98-565—369th Veterans' Association, Inc. This act granted a Federal charter to the 369th Veterans' Association, Inc.

Public Law 98-566—Vietnam Veterans National Medal Act. This act required the Secretary of the Treasury to coin and sell a national medal in honor of the members and former members of the Armed Forces who served in the Vietnam conflict.

Public Law 98-584—Women's Army Corps Veterans' Association. This act granted a federal charter to the Women's Army Corps Veterans' Association.

Public Law 98-588—John J. Pershing Regional Veterans Administration Medical Center. This act designated the medical center in Poplar Bluff, Missouri, as the "John J. Pershing Regional Veterans Administration Medical Center."

Public Law 98-599—Medals for Families of MIA's. This act provided increased eligibility for medals honoring those missing in action or unaccounted for in the Vietnam conflict.

Public Law 98-619—Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations, FY 1985. This act provided funding for certain Federal agencies for FY 1985. With respect to veterans, funds appropriated to DOL in the amount of $122,172,000 were allocated to veterans' employment and training programs authorized under 38 U.S.C. sections 2003A and 2004. These programs include the DVOP (Disabled Veterans' Outreach Program) and the Local Veterans' Employment Representatives Program.

Public Law 99-35—Vietnam Veterans Recognition Day. This act designated May 7, 1985, as "Vietnam Veterans Recognition Day" in honor of the over three million Americans who served in the Vietnam theater and the more than fifty-seven thousand who sacrificed their lives in service to their country.

Public Law 99-57—National POW/MIA Recognition Day. This act designated July 19, 1985, as "National POW/MIA Recognition Day," acknowledging the Nation's debt of gratitude to former American POW's and to those Americans who are still missing or unaccounted for in Southeast Asia, and their families.

Public Law 99-80—Equal Access To Justice Act Amendments. This act permanently codified those provisions of the EAJA ("Equal Access To Justice Act"), Title II, Public Law No. 96-481, that expired on September 30, 1984. It ensures that legal fees and related expenses are awarded in appropriate cases and proceedings, and that the U.S. Government is liable for legal fees unless the position of the Government is substantially justified, or unless special circumstances make an award unjust.

Public Law 99-88—Supplemental Appropriations for FY 1985. This act provided additional funds to Federal agencies for use during FY 1985. Additional funds to meet VA pay costs included $152,524,000 for medical care, $3,500,000 for general operating expenses, and an increase of $371,000 in the limitation on the expenses of the Office of Construction.

Public Law 99-108—Veterans Benefits, Title 38 U.S.C., Amendment; EVJTA (Emergency Veterans Job Training Act) of 1983, Amendment. This act provided interim extensions of the VA's authority to operate a regional office in the Philippines; to contract out medical care in Puerto Rico and the Virgin Islands; to contract out treatment for drug and alcohol dependence; and to extend the period for entering into training under the EVJTA.

Office of Inspector General

The Inspector General, in accordance with the Inspector General Act of 1978 (P.L. 95-452), directs an independent and objective organization whose purpose is to plan, organize, staff, direct, control, and report on audits and investigations of VA programs and operations; to recommend policies for the purpose of promoting economy, efficiency, and effectiveness and preventing and detecting fraud, waste, and abuse in VA programs and operations; to keep the Administrator and Congress fully informed about problems and deficiencies and the necessity of corrective actions; and to provide leadership and coordination on complex audit and investigative matters.

During FY 1985, the OIG (Office of Inspector General) conducted a series of coordinated audits and investigations designed to identify opportunities to enhance the effectiveness, efficiency, and integrity of VA programs and operations. These audits and investigations highlighted the need for improvements in major VA program and operational areas such as medical care quality assurance, delivery of medical care, loan guaranty, disability rating procedures and controls, needs-based benefits, facility planning, employee benefits, and procurement.

The audits completed during this period resulted in recommendations for strengthened internal controls and pointed out the opportunity for potential program recoveries and cost efficiencies of over $761 million. The 1,151 investigations completed during this period resulted in 217 criminal convictions, 220 administrative sanctions, and potential recoveries and cost efficiencies of about $7 million. Highlights of FY 1985 accomplishments follow:

Item	FY 1985	FY 1984	Percent Change
AUDIT ACTIVITIES			
Audit Reports Issued	262	294	− 11
Internal	126	115	+ 10
External	136	179	− 24
Potential recoveries and cost efficiencies from resolved internal reports	$ 761 M	$ 663 M	+ 15
Costs audited in external audit reports	$ 364 M	$ 481 M	− 24
INVESTIGATIVE ACTIVITIES			
Investigation cases closed	1,151	1,270	− 9
Investigation cases accepted for prosecution	104	100	+ 4
Individuals/firms convicted	217	201	+ 8
Potential cost recoveries, efficiencies, and fines	$ 8 M	$ 3 M	+167
Administrative sanctions	220	151	+ 46

The above chart indicates that OIG productivity indicators such as internal reports issued, potential recoveries and cost efficiencies, convictions, and administrative sanctions were up in FY 1985. Also, important program areas such as medical care quality assurance, loan guaranty, and selected employee integrity issues were given considerably more audit and investigative coverage in FY 1985 with significant results being achieved in these areas.

During the year, the OIG also continued to focus on preventive measures and expanded use of current technology to further lessen VA programs' and operations' vulnerability to fraud, waste, and abuse. Some of the more significant examples of OIG preventive efforts are as follows:

- Participated with Agency management in the implementation of OMB Circular A-123, Internal Control Systems. Also, included coverage of internal control issues in each of the cyclic audits.

- Continued an active awareness program to further develop a sensitivity in Agency employees to their roles in promoting economy, efficiency, and effectiveness and preventing and detecting fraud in VA programs and operations. In this regard the OIG made a number of presentations to Agency management and employees to discuss this issue and disseminated awareness publications such as IG Alert Bulletins, news releases, employee letters, and report digests.

- Developed and shared with VA program officials and other Federal investigative agencies computerized data bases of Agency management and systems information to assist in their review of VA programs or of programs related to the VA.

- Reviewed 191 legislative and regulatory proposals for the purpose of making recommendations concerning the impact of the legislation and regulations on economy and efficiency of VA programs and operations or the prevention and detection of fraud and abuse.

- Worked with Agency management on the submission of legislative proposals in specific areas that would impact on either economy and efficiency or the detection of fraud and waste in VA programs and operations.

The IG also serves as the Chairman of the Training Committee of the President's Council on Integrity and Efficiency. The Training Committee consists of four subcommittees: Auditor Training, Investigator Training, Executive Development Training, and Support Activities Training. Representatives from various Government departments and agencies participate in subcommittee activities. The objective of the Training Committee is to identify, develop, and implement training programs that are responsive to the needs of various Offices of Inspector General, Governmentwide.

Office of Budget and Finance (Controller)

Financial Management

The Office of Budget and Finance (Controller) accomplished the Federal Government's first paperless transaction on June 12, 1985. The purchase was placed through the Office of Procurement and Supply with the American V. Mueller Division of American Hospital Supply on May 14, 1985, from the VA Medical Center in Birmingham, Alabama. Obligation and receipt transactions were electronically recorded in the VA CALM (Centralized Accounting for Local Management) system. The CAPPS (Computer Assisted Payment Processing System) matched the invoice and receiving report on June 6, 1985.

Field stations have a need to access their accounting records maintained at the VADPC in Austin, Texas. Through VADATS and use of a proper modem, many stations now have this capability. User identification and passwords have been issued for 178 stations. As other stations acquire equipment capability, user identifications and passwords will be issued upon request. Such access capabilities enhance the stations' ability to maintain their accounting records and respond to various types of inquiries.

The Direct Deposit/Electronic Funds Transfer Program ensures that a benefit or salary payment is deposited automatically in a checking or savings account at a designated financial organization. This represents considerable savings by reducing check processing and replacement. Payees benefit because fewer checks are late, lost, or stolen. Electronic deposits for compensation and pension payments increased to 1,412,937 participants monthly at the end of FY 1985, a participation rate of 35.56%. Electronic deposits for VA employees increased to 101,900 payments per pay period, representing over 42% of VA employees.

Manpower Management

The VA is strongly committed to effective manpower management at all levels of the Agency organization. Significant aspects of this commitment include continually seeking ways to enhance efficiencies in staff utilization and prescribing methodologies for improving employee productivity. This year, several studies were conducted throughout the Agency relative to aspects of manpower management that sought to identify improvements in manpower utilization, work distribution, automation enhancements, and employee productivity. Additional analyses of manpower requirements and related staffing issues were conducted in conjunction with the VA budget formulation and execution processes. In some cases, these efforts provided Agency elements with new or improved performance measurement systems for use by program managers to monitor program performance and forecast resource requirements in the budget.

VA departments and staff offices were provided management engineering assistance in the development of work rate standards, performance measurement indicators, and staffing needs criteria for select field operations. This included a cost-benefit analysis of automating commercial payment processing at the VA financial facility in Austin, Texas, and recommending organizational efficiencies to enhance activity performance. Also completed was a comprehensive evaluation of productivity in the VA cemetery system relative to similar services provided in the private sector.

Manpower Service continued its active participation in the PCMI (President's Council on Management Improvements) task force on staffing guidelines and consolidation of common administrative support areas. It also provided management of the VA's participation in the FPMP (Federal Productivity Measurement Project), a comprehensive Governmentwide program for monitoring productivity across 28 functional areas.

Board of Veterans Appeals

A claimant for VA benefits who is not satisfied with the determination made by a field office may file a written notice of disagreement. If, after reviewing the case in light of the claimant's disagreement, the field office is not able to grant the benefits sought, the appellant is sent a statement of the case. This statement outlines the issue, the evidence of record, the pertinent law and regulations, and the reason for the decision. If the appellant, after reading the statement of the case, still disagrees with the field office, he or she may submit an appeal to the BVA (Board of Veterans Appeals). The field office again reviews the case; if still unable to resolve the appeal to the satisfaction of the claimant, the field office will certify the case to the BVA for review and final decision. The BVA is headed by a Chairman, a Vice Chairman, and two Deputy Vice Chairmen.

A total of 45,273 appellate decisions were handed down during FY 1985, setting a new record in the number of cases handled. During the five-year period of FY 1978 through FY 1982, the BVA decision output averaged 34,774 appellate decisions per year. Appeal filings during that same five-year period increased at a rate that exceeded the Board's decision production capacity by a sizable margin. The net result was an inevitable buildup of an appeals backlog accompanied by an ever-growing BVA response time.

By FY 1982, this backlog and the associated response time had grown considerably. A gradual expansion of the Board was therefore initiated in late FY 1982 to enlarge its capacity to produce decisions. This expansion was not completed until FY 1984, by which time the BVA had grown from 16 to 21 Board sections. The new productive capacity gained through these changes enabled the BVA to make substantial progress in processing the appeals backlog, and as of the end of FY 1985, the appeals backlog had been virtually eliminated. Projected levels of both new appeal receipts and decision production now appear to be stabilized and balanced through the foreseeable future. This newly attained equilibrium should facilitate more timely actions on veterans' appeals.

Timely action on appeals is a major objective of the BVA. To measure how well this objective is being met, the Board uses two separate and distinct indicators. The first of these two indicators is processing time, which begins upon the appellant's filing of a notice of disagreement and ends upon the final BVA decision. Included in this time period are various appeals processing stages accomplished at the field station level as well as procedural steps that are the responsibility of the individual appellant.

The second measure of the Board's timeliness is BVA response time on appeals. Response time on appeals is a more future-oriented timeliness indicator, and it is limited in scope to the appeals processing steps that are the responsibility of the BVA. By taking into account the Board's most recent appeals processing time and the current pending volume of appeals that have completed the field processing stages and are awaiting BVA action (i.e., both at the BVA and in field stations), BVA response time predicts the estimated period that should be required to render decisions on a given group of pending appeals.

Both processing time and BVA response time improved substantially during FY 1985. Overall average processing time on appeals was 414 days at the end of FY 1985, down from 445 days at the beginning of the fiscal year. BVA response time on appeals was 122 days as of the end of FY 1985. As recently as mid-FY 1984, BVA response time stood at 268 days, and the prospect of achieving FY 1985's response time was not anticipated until FY 1990. The marked improvement in this area reflects, among other factors, the additional productive capacity gained through the expanded number of Board Sections that have been fully operative since the end of FY 1984.

New appeal filings for FY 1985 increased to 63,045 from the FY 1984 level of 61,328. Combined with the appeals pending at the beginning of the year, the FY 1985 total appellate workload of the VA was over 124,000 cases. However, both the BVA and field facilities were highly productive during FY 1985, entering final dispositions on 71,095 appeals. This record-setting combined productive effort exceeded FY 1984's output by nearly 5,000 cases. As a result, the number of appeals pending at the end of FY 1985 was only 56,826; down almost 4,500 from a year earlier, despite the somewhat heavier influx of new appeals during the past year. Comparative workload statistics are provided in the accompanying table.

Appellate Processing	FY 1985	FY 1984
Appeals pending, start of period	61,315	64,248
Undocketed, in field stations	46,818	49,498
Docketed, in BVA	14,497	14,750
Notices of disagreement filed during period	63,045	61,328
Settled in field stations	32,217	29,024[1]
Allowed	8,387	8,183
Closed	17,799	14,294
Withdrawn	7,031	6,547
Submitted to BVA[2]	34,317	35,597
Decided by BVA	45,273	44,064
Allowed	6,002	6,094
Remanded	7,395	6,574
Withdrawn	493	404
Denied	31,383	30,992
Appeals pending, end of period	56,826	61,315
Undocketed, in field stations	44,145	46,818
Docketed, in BVA	12,681	14,497
Summary		
Number of final dispositions	71,095	66,154
Percentage of final dispositions		
Allowed	20.2%	21.6%
Closed	25.0%	21.1%
Withdrawn	10.6%	10.5%
Denied	44.2%	48.8%
Processing Times (Calendar days)		
Notice of disagreement to statement of the case	51	50
Statement of the case to substantive appeal	54	53
Substantive appeal to ready for transfer	180	210
Awaiting callup by the BVA	15	15
Processing through the BVA	114	117
Total	414	445

[1] *Updated figures from FY 1984 Annual Report figures.*

[2] *Flow of cases from field stations to the BVA controlled through VARMS (Veterans Appeals Records Management System) to maintain optimum level of cases at the Board.*

An initiative was undertaken during FY 1985 to expand the efforts directed to the Board's Quality Review program. As the BVA and its production have grown over the past several years, so has the importance of ensuring that BVA decisions meet high standards of due process, legal sufficiency, and consistency. An increasingly greater percentage of BVA decisions is now subjected to an intensified quality review process, and the results are being reflected in improvements to the substantive quality of final BVA appellate decisions.

Interest in formal personal hearings before the Board continued to be high in FY 1985. During the past year, 1,939 formal hearings were conducted; 1,231 of these formal hearings were held in Washington, D.C., and the remaining 708 personal hearings were held before traveling sections of the Board. When a formal hearing is not practical, an appellant may elect to have an informal hearing entered on his or her behalf. Informal hearings consist of written briefs presented in Washington by appellant representatives who most frequently are affiliated with veterans service organizations. A total of 29,882 informal hearings were entered during the past fiscal year.

The portion of appellants who choose to be represented by one of the veterans service organizations continues to grow. Records indicate that 88.3 percent of the appellants for whom decisions were entered during FY 1985 chose to be represented by one of the accredited service organizations, approximately 1.7 percent elected to be represented by attorneys or agents, and the remaining 10.0 percent pursued their appeals without outside representation. The proportion of appellants handling their appeals with no representation has declined steadily over the past decade from a high of approximately 20 percent to the current low of 10 percent.

Appellants, veterans service organizations, Congress, and other case advocates continued their high levels of interest in claims for disabilities involving Agent Orange, exposure to ionizing radiation, post-traumatic stress disorder, and incarceration as prisoners of war. The Board of Veterans Appeals handles each of these categories of appeals as a specialty area and assigns appeals received in these categories only to Board sections designated to handle them. The BVA continues to be very active in its liaison with organizations both internal and external to the VA that are involved with research in any of the special category appeal areas. In addition, Board members and key senior attorneys attend conferences and symposiums on Agent Orange and post-traumatic stress disorder. This permits the Board to maintain expertise in these sensitive areas and to ensure consistency in the application of law and regulations. The accompanying table provides a recap of BVA activity over the past year in the areas of these special categories of appeals.

The Freedom of Information Act requires the Board of Veterans Appeals to produce an index of its final decisions on appeals and to make the decisions available to the public. Developed in compliance with the act, the microfiche BVA Decisions Index I-01-1 is produced quarterly with an annual cumulative edition. BVA decisions, stripped of personal identifiers, are microfilmed. Appellants and others interested in decisions of the Board are able to check the Index to locate specific types of cases. They can then request copies of the decisions. At the end of FY 1985, the BVA Decisions Index covered the period of July 1, 1977, through September 30, 1985, including nearly 300,000 decisions.

VADEX/CITATOR is the Board's basic system of finding aids for its Research Center. All documents received by the Research Center since January 1980 that are of interest to the Board's professional staff are indexed in Part I of VADEX/CITATOR, including public laws, VA publications, BVA subject files, Agent Orange and radiation files, and miscellaneous VA as well as miscellaneous non-VA materials. Part II of VADEX/CITATOR includes chronological histories of hundreds of VA regulations. In conjunction with Part II of VADEX/CITATOR, the Board also preserves the historical text versions of these regulations on updatable microfiche, thus providing an easy means of researching a regulation back to its origins.

Public Law 98-223 amends 38 U.S.C. 4001(c)(3) and directs the Administrator of Veterans Affairs to provide an annual report indicating, in terms of full-time employee equivalents, the number of temporary Board members and acting Board members designated by the BVA during the preceding year. Twenty-seven attorneys served in the capacity of acting Board members at various times during FY 1985 for a total or 3.8 FTEE. Seven physicians served as acting Board members during this same period for a total of 2.3 FTEE. No temporary Board members were used during FY 1985. The procedural controls requiring the Chairman's written quarterly designation of acting Board members remain in effect to assure adherence to the statutory requirements.[1]

Other professional support available within the VA included advisory legal opinions from the General Counsel. In addition, under the authority of section 4009, U.S.C. title 38, the Board requested 195 opinions from independent medical experts who were not VA employees. An accompanying table shows a breakout of the medical specialities covered by these opinions.

Medical Specialty	Number of Advisory Opinions Requested	
	FY 1985	FY 1984
All Specialties	195	204
Number requested in connection with:		
Appellate consideration	193	193
Reconsideration	2	11
Internal Medicine		
General	13	9
Cardiovascular	28	19
Gastroenterology	5	9
Pulmonary diseases	9	7
Surgery:		
General	1	3
Orthopedic	17	16
Thoracic	1	0
Otolaryngology and Ophthalmology	9	9
Psychiatry	35	42
Neurology - medical and/or surgical	14	17
Pathology - medical and/or surgical	38	52
Other	25	21

Board of Contract Appeals

The Board of Contract Appeals was established by the Administrator in 1979, pursuant to the Contract Disputes Act of 1978. The Board, which consists of six administrative judges, is a statutory, quasi-judicial tribunal that hears and decides appeals from decisions of contracting officers relative to VA contracts for construction, supplies, and services. It is one of 12 such boards in the Federal Government. Decisions of the Board are final within the VA, but may be appealed to the United States Court of Appeals for the Federal Circuit.

During FY 1985, the Board conducted 61 formal hearings (an increase of 80 percent over last year) and 94 prehearing conferences. One hundred ninety-nine appeals were disposed of and 220 new appeals were received. The number of appeals filed has increased by approximately 82 percent since the Board was established in 1979. At the close of FY 1985, there were 261 appeals pending, approximately 91 percent of which were related to construction contracts.

Office of Program Planning and Evaluation

The Office of Program Planning and Evaluation supports the Agency's mission and goals primarily by providing analysis to support VA decision makers.

The VA's IMS (Integrated Management System) integrates the Agency's policy and planning process with budget formulation and financial management. Agency and program goals and objectives are reviewed and revised to facilitate more effective reporting of major activities of departments and staff offices. In FY 1985, two policy and planning milestones were achieved: the FY 1987-91 program plans and budget estimates were formulated and analyzed, and internal

---

[1] *This information is included in compliance with section 222, title 38, U.S.C.*

Agency review hearings were conducted. Milestones achieved in assessing both the accomplishment of goals and objectives, and the validity of the approved program plans and initiatives included preparing status reports on Agency goals and objectives and analyzing and conducting performance reviews for FY 1985 program and financial operating plans.

The VA's policy review process ensures an efficient and effective response to the changing needs of veterans through the study of policy issues and the development of policy options in areas of key concern to management and veterans. During FY 1985, this office conducted a study of the components of VA's Management Improvement Program and developed options and recommendations for improvement within the VA. The office also completed a study of Selected Issues in the Minor Construction Program at the request of the Department of Medicine and Surgery.

In support of the Administrator, departments, and staff offices, the office conducted 13 studies, ranging from general management reviews to organizational analyses and cost-benefit studies. The major studies performed were the PAID (Personnel Accounting and Integrated Data) Redesign Cost-Benefit Analysis, the PCMI (President's Council on Management Improvement) studies on Staffing Standards and Common Administrative Services, the Delegation of Authority for the VA Central Office Building study, the Review of Selected Federal Intergovernmental Affairs Offices, the CESVE (Committee on Employer Support for Veterans Employment) study, the VA Historical Office Program study, the Health and Physical Fitness Program study, the Analysis of a Proposal to Consolidate VA State Grant Activities, and the Analysis of VA Restoration Clinics.

The Office of Program Planning and Evaluation continued to coordinate responses to the White House and OMB on the Grace Commission. The office also continued to serve as the Contracting Officer's Technical Representative for two major consultant studies: the Comprehensive Study of the VA's Organization and Procedures for Contracting Health Care Facilities, and the Comparative Study of the VA and Private Sector Procurement, Contracting, and Distribution of Medical Supplies and Non Perishable Subsistence.

Program evaluations are designed to provide independent analyses of programs and to assist program officials, department heads, the Administrator, and the Congress in improving services to veterans and their families. The VA is one of a small group of Federal agencies with a Congressional mandate for ongoing evaluation of the efficiency, effectiveness, and impact of its legislated programs. In response to that mandate, the office initiated 15 program evaluations for transmittal to the Congress, veterans service organizations, and the general public. This fiscal year the office completed evaluations of the Department of Medicine and Surgery's GRECC (Geriatric Research, Education, and Clinical Centers) Program, and Alcohol and Drug Dependence Treatment Program.

Thirteen other evaluations were in progress at the end of FY 1985, including full evaluations of three Department of Memorial Affairs programs - burial in national cemeteries, headstone and grave markers, and memorial markers and memorial plots; four Department of Veterans Benefits programs - mortgage credit assistance, mobile homes, condominiums, and specially adapted housing grants for disabled veterans; and six Department of Medicine and Surgery programs - Nursing Service, Surgery Service, compensated work therapy, Chaplain Service, and inpatient and outpatient dental. In addition to ongoing program evaluations, the office prepared an issue evaluation on the Department of Memorial Affairs' national cemetery system.

Office of Personnel and Labor Relations

Personnel Management

According to the VA's Mission and Goals statement, the Agency's human goal is "to ensure that the people of the Veterans Administration receive quality leadership, adequate compensation, decent working conditions, necessary training and education, equal opportunity, and earned recognition." In support of this goal and the goals and objectives developed by the Departments of Medicine and Surgery, Veterans Benefits, and Memorial Affairs, the VA in FY 1985 took many actions in the area of personnel management (including staffing, employment of veterans, labor management relations, executive development and training, and employee recognition).

Implementation of the VA Health Care Amendments of 1980 (Public Law 96-330) and the VA Health Care Programs Improvement and Extension Act of 1982 (Public Law 97-251) continued, and included the following actions:

- Authorized 26 new special salary rates for categories of DM&S General Schedule health care employees, in response to staffing problems at VA medical centers. This brought to 36 the total number of local authorizations made under the provisions of Public Laws 96-330 and 97-251.

- Systematically reviewed all existing authorizations for special salary rates for DM&S General Schedule health care employees and for DM&S registered nurses and anesthetists. These special rates are authorized to help maintain adequate staffing of health care occupations.

Implementation of the Veterans' Health Care Amendments of 1983 (Public Law 98-160) continued with the following actions:

- Implemented the authority and began making individual appointments above the minimum rate of the grade for licensed physical therapists, certified or registered respiratory therapists, licensed practical/vocational nurses, and DM&S health-care personnel who provide direct patient-care services or services incident to direct patient care (section 206). This authority should help further improve VA's ability to maintain staffing of health care occupations.

- Implemented the authority to pay premium pay (e.g., on-call pay, overtime pay, holiday pay, etc.) on the same basis as registered nurses for licensed physical therapists, certified or registered respiratory therapists, and licensed practical/vocational nurses when necessary to obtain or retain these employees (section 204).

Implementation of the Veterans' Health Care Act of 1984 (Public Law 98-528) was initiated with the following actions:

- Implemented authority to establish above-minimum entrance rates and special rate ranges for police officers under 38 U.S.C. 4107(g)(section 101).

- Implemented authority to make exceptions to reduction in military retired pay to meet special or emergency employment needs resulting from a severe shortage of well-qualified physicians (section 109).

- Implemented the new PMRS (Performance Management and Recognition System), which replaced the Merit Pay System in recognizing and rewarding quality performance by supervisors and management officials. This included extensive training of PMRS employees, their supervisors, and award unit managers. PMRS covers over 4,000 managers and supervisors throughout the Agency.

The VA completed Federal Wage System surveys in 25 areas and issued pay schedules applying to all Federal Wage System employees in those areas.

A total of 45 personnel management evaluation reviews were conducted. All major personnel management programs were reviewed during site visits to ensure general program effectiveness. Special emphasis was placed upon monitoring programs and providing assistance in such operational areas as classification; position management; performance management and recognition; compliance with legal, regulatory, and merit system requirements; and the effectiveness of local personnel management evaluation programs.

The classification of positions was reviewed, and formal guidelines were issued to ensure intra-Agency equity and consistency with OPM standards.

The annual review of OPM-authorized special salary rates for recruitment and retention was completed. The review covered four local authorizations for police officers, one for clerical employees, nine for engineering and architectural employees, and one covering General Schedule physicians.

The increased demands for management information require an expansion of the Agency's automated Personnel Accounting and Integrated Data system. Work leading to a complete redesign of the system is continuing.

Staffing

The Office of Personnel and Labor Relations continued to provide technical assistance to the centralized SEU (Special Examining Unit) located at the VA Medical Center, Richmond, Virginia. Since its activation in FY 1983, the unit has administered recruitment and examining functions for shortage category health-care professionals within the VA's health care system. The unit's activities included recruitment advertising, liaisons with professional organizations, national convention attendance, and coordination of VA representation at local and State meetings, as well as processing and examining applications in order to maintain lists of qualified applicants. While the physical therapist occupation was removed from SEU coverage due to its partial conversion to the Title 38 employment system in mid-FY 1985, the unit continues to maintain a list of qualified applicants for informal referral to medical centers upon request. The SEU receives an average of 150 applications per week and issued about 65 applicant listings per week to medical centers with vacant positions.

The VA's national nurse recruitment program continued during FY 1985. Program activities included recruitment advertising, attendance at national conventions and job fairs, and operation of a toll-free telephone service. Since its inception in FY 1982, the program has served as a supplement to local medical center recruitment efforts for registered and licensed practical nurses, and assisted individuals seeking VA employment in obtaining information about, and referral to, medical centers with vacant positions. The total number of nurses employed by the VA has increased as a result of the expanded recruitment program.

To facilitate the recruitment of candidates for the readjustment counseling program for Vietnam era veterans, the VA has received OPM approval to appoint up to 600 employees at grades GS-3 through GS-11 under Schedule A authority. This authority has been used to fill nearly half of the positions in the readjustment counseling program. As of September 30, 1985, 82 percent of those appointed under this authority were veterans. Of this group, 72 percent were Vietnam era veterans.

Employment of Veterans

The VA has consistently been one of the major Federal employers of veterans; new hires in FY 1985 included 14,898 veterans, (22 percent of all newly hired employees). As of September 30, 1985, five percent of all VA employees were disabled veterans and 20 percent were Vietnam era veterans. Sixty-eight percent of all male employees were veterans. Sixty-two percent of male and female veteran employees served during the Vietnam era; 16 percent of these Vietnam era veterans were disabled. At the end of the fiscal year, the VA also employed 8,775 female veterans and females with veteran preference, which ranked the Agency among the Federal leaders in employment of women with military experience.

The VA made full use of greater flexibility in hiring VRA (veterans readjustment appointment) eligibles under the expanded provisions of Public Law 95-520. The VRA authority allows eligible Vietnam era veterans to be hired directly, then serve for a two-year period during which they also pursue training or education.

Following successful completion of these requirements, VRA appointees may be converted to a competitive civil service status. The more than 80,000 Vietnam era veterans hired by the VA under this authority since it was established in April 1970 represent more than a third of the VRA appointments made throughout the Federal Government. The VA hired 4,586 veterans under this authority during FY 1985, and the Agency continues to rank among the Federal leaders in the use of VRA authority. To help meet short-term staffing needs, the VA temporarily employed 2,179 Vietnam era veterans in FY 1985.

Under the Civil Service Reform Act, Federal agencies are authorized to employ, non-competively, veterans with service-connected disabilities of 30 percent or more in positions for which they qualify. The VA hired 1,176 veterans under this authority during the past year.

A sizable number of Vietnam era veterans serve in VA jobs where they meet, work closely with, and provide services to other Vietnam era veterans and their families. Over 64 percent of veterans benefits counselors are Vietnam era veterans, as are 51 percent of veterans claims examiners. Vietnam era veterans also account for over half of all prosthetic representatives, and 43 percent of vocational rehabilitation specialists. Among the first VA representatives a patient encounters are the medical administrative assistants in medical center admission areas, 32 percent of whom are Vietnam era veterans.

Labor Management Relations

At this time 17 different unions represent more than 165,000 VA employees; these labor organizations are very active. In addition to individual facility recognitions, the four largest unions also have consolidated their activities into "national-level" bargaining units. These four units now assert their collective bargaining rights over national-level Agency policies and issues of agencywide concern. They are especially active in the areas of ensuring safe working conditions and monitoring the Agency plans to implement OMB Circular A-76, concerning contracting out.

Executive Development and Training

Leadership VA was conducted for 60 outstanding managers at middle and senior levels. During the course of four 1-week seminars presented throughout the year, the participants undertook a probing examination of the programs and administration of the VA, the various political, social, and economic influences which have impacts on the Agency, and the nature and meaning of creative leadership.

Programs for executive and management development continue, with additional offerings to address recognized needs in such areas as computer literacy, public relations and consumer needs, and labor relations. Training in various management areas was provided to 1,173 executives and management personnel. Special emphasis was also placed on training in personnel management with six courses conducted nationwide for personnel office employees. A new course was developed for training field station staff that have responsibility for conducting training programs; four of these courses were given nationwide. Also, two new programs were sponsored on the Federal Employees' Compensation Program.

Employee Recognition

One of the many facets of personnel management in the Veterans Administration is ensuring that the accomplishments of our employees are duly recognized. Through the Agency's incentive awards program these employees are rewarded for their superior performance, their special contributions, and their ingenuity which has led to tangible or intangible savings to the Government through the suggestion program, with special honor awards established by the Veterans Administration and outside sponsoring organizations. Highlights of the FY 1985 program are as follows:

- The Seventh Annual Olin E. Teague Award to Dr. Ernest M. Burgess, Distinguished Physician, VA Medical Center, Seattle, Washington, for his outstanding accomplishments which have made him a recognized pioneer and advocate in the rehabilitation of war-injured veterans with lower extremity amputations. Perhaps best known for his leadership in the creation of the "Seattle Foot," he has made it possible for many of our Nation's veterans to participate in activities which were previously unavailable to them.

- The 1985 Sam Rose Awards to Edward J. Chatlos, Vocational Rehabilitation Specialist, VA Regional Office, Cleveland, Ohio, for his assistance to disabled veterans in overcoming formidable barriers to reach their goals; and to John J. Schimpf, Veterans Service Officer, VA Regional Office and Insurance Center, Philadelphia, Pennsylvania, for assisting veterans and their families in resolving their problems with extraordinary compassion and understanding.

- Now in its sixth year, the Administrator's Hands and Heart Award recognizes those employees who willingly serve beyond the call of duty with their hands and heart. Once a year, each medical facility may choose one nominee for the award. This year, 153 employees received this special honor.

- Outstanding Handicapped Federal Employee of the Year (sponsored by the Office of Personnel Management) to Danny G. Lara, Social Worker, VA Outpatient Clinic, Lubbock, Texas. A 100 percent service-connected disabled Vietnam era veteran, Mr. Lara was chosen for his exceptional job performance and service to others.

- The Administrator's Extraordinary Career Award plaque to Dorothy L. Starbuck, Chief Benefits Director, VA Central Office, upon her retirement. The plaque commemorated her career with the Veterans Administration, the courage with which she faced every challenge, and her dedication to our Nations' veterans.

- The Air Force Association's Veterans Administration Employee of the Year Award to Edith B. Fowler, Supervisory Veterans Benefits Counselor, VA Regional Office, Jackson, Mississippi, for her exemplary service to the public and her consistent efforts in ensuring that each veteran she serves receives the utmost attention in benefits assistance. The lives of hundreds of veterans and their families have been made better because of her personal actions, her attitude, and her persistence in relieving suffering and despair.

- The 1985 Interagency Committee on Information Resource Management Awards presented the Award for Technical Excellence to Charles F. Krochmal, Department of Medicine and Surgery, VA Central Office, for his innovative uses of information technology. In addition, the Award for Management/Administrative Excellence was presented to Roy H. Swatzell, Jr., VA Medical Center, Birmingham, Alabama, for his noteworthy achievements in operational project management and significant accomplishments in the support of information projects.

- Congressional Award for Exemplary Service to the Public to Annie R. Pope, Assistant Chief, Social Work Service, VA Medical Center, Hines, Illinois, for her cost-efficient management and implementation of programs which have improved service delivery to veteran patients, with keen sensitivity to human needs.

- Kenneth E. Eaton, Chairman of the Board of Veterans Appeals, and Frank S. Sato, Inspector General, were among a select group of Government executives awarded the Presidential Rank of Meritorious Executive for their sustained accomplishments.

Suggestions and other achievements beyond job requirements by VA employees saved the Federal Government approximately 15 million dollars. High level performance and special contributions were also recognized when 4,479 employees received quality step increases and 34,407 others were awarded special achievement awards, including cash payments. One hundred executives were granted SES performance awards in recognition of their individual and organizational accomplishments.

Office of Equal Employment Opportunity

Affirmative Action

The EEO (Office of Equal Employment Opportunity) made continued progress in the employment and advancement of minorities, women, physically impaired individuals, and disabled veterans during FY 1985. Emphasis was placed on the measurement of supervisors' responsiveness to their EEO (equal employment opportunity) responsibilities; this responsiveness was incorporated into the supervisors' performance appraisal system.

Employment of Minorities and Women

Despite an agencywide decline in full-time and part-time permanent positions, the representation of minorities and women continued to increase. Women gained nearly 1,000 positions, advancing to 55.6 percent of the permanent work force. Minorities, with a gain of 624, progressed to 32.8 percent. Of these, 18.6 percent (up from 18.1 percent in FY 1984) were minority women.

- Notwithstanding a gain of 396 positions by black females, the total number of blacks decreased to 53,606. However, the overall percentage of blacks (25.3 percent) remained constant.

- Hispanics, with a net gain of 123 positions, numbered 9,073 or 4.3 percent of the permanent appointments. In the GS/GM pay plan, Hispanics achieved an average grade of 7.63, or 96.6 percent of the norm. Hispanic women gained 158 positions, accounting for 1.8 percent of the Hispanic work force.

- Asian American/Pacific Islanders gained 461 positions, bringing their total employment to 5,830, or 2.7 percent of the work force (up from 2.5 percent in FY 1984). This group now comprises VA's highest graded category, with an average GS/GM grade of 10.3, as compared to 8.3 for all non-minority employees.

- The employment of American Indians/Alaskan Natives advanced from 961 in FY 1984 to 1,014 in FY 1985, an increase of 5.5 percent.

During the past fiscal year minorities were dispersed throughout the Agency in all occupational categories and grade levels. Two were Presidential appointees, 15 were in the Senior Executive Service, 27 were directors of field facilities, 17 were assistant or associate directors of field facilities, and four held top assignments under title 38 at VA Central Office.

Women, too, continued to progress in their employment status in the VA. During FY 1985, they held 61.8 percent of all professional positions; 32.6 percent of the administrative positions; 60.8 percent of the technical positions; 78.3 percent of the clerical positions; and 4.4 percent "other" (primarily nontraditional) positions. Six women were in the Senior Executive Service, 8 were directors, and 17 were assistant or associate directors of field facilities.

Employment of Handicapped Persons

Efforts to make VA a model employer of handicapped individuals and to eradicate both physical and attitudinal barriers continued. The work force was resurveyed, agencywide, to ensure that all who wished would be properly identified as handicapped or disabled persons. A special study was undertaken to determine if there were a correlation between lack of reasonable accommodations and loss of handicapped VA employees. None was found.

As of the end of the fiscal year the VA employed 22,534 handicapped persons. Of these, there were 4,073 or 1.6 percent of the total employment, with severe disabilities, such as blindness, deafness, mental retardation, or missing limbs. The Agency continued its outreach efforts through numerous contacts with organizations and readers representing handicapped individuals and veterans.

The VA was also represented at seminars, job fairs, conferences, and similar activities (e.g., Inspire 85, National Employ the Handicapped week, Perspectives on Employment of the Handicapped, President's Committee on Employment of the Handicapped, etc.) designed to promote EEO objectives.

Mr. Danny Lara, a social worker at the Lubbock, Texas, Outpatient Clinic was named as one of the 10 Outstanding Handicapped Federal Employees of the Year. Mr. Lara is the eleventh VA employee so honored.

The Agency employed 12,644 disabled veterans. They constituted 16.2 percent of all veterans employed at VA. The employment of disabled veterans with 30 percent or more service-connected disability increased from 3,694 (1.54 percent) to 4,023 (1.63 percent); the number promoted increased from 721 to 817.

White House Initiative for Historically Black Colleges and Universities

VA signified its continuing support of the HBCU (Historically Black Colleges and Universities) Program through the provision of information on VA-sponsored programs (e.g., the VA Health Professional Scholarship Program); through participation in consortiums and conferences such as the National Association for Equal Opportunity in Higher Education, the National Consortium for Educational Access, and Blacks in Government; through affiliations with HBCU medical schools (Howard University, Meharry Medical College, and Morehead College of Medicine); through affiliations with approximately 25 other HBCUs offering degree programs in the allied medical sciences (nursing, pharmacy, social work, psychology, etc.); through cooperative education agreements; and by individual guidance and consultation as requested.

Discrimination Complaints

Progress was made during the year in dealing with the volume of discrimination complaints pending within the Agency. Eight-hundred-eleven complaints were closed, as contrasted to FY 1984 when administrative action was completed on just 613 complaints. There were 239 more complaints closed than filed, resulting in a complaint inventory reduction of 14.1%, the largest reduction in recent VA history.

Contributing to this improvement was continued emphasis on the informal resolution of complaints, to include the personal involvement of top-level officials in such efforts.

Training programs for equal employment opportunity counselors continued to emphasize the development of skills in fact-finding and in mediation and informal resolution of complaints. Seven sessions, providing training to more than 175 counselors, were conducted by the Office of Equal Opportunity during the year. In addition, three training sessions, providing training to more than 100 ad hoc investigators, were also conducted.

Investigations were initiated on 608 complaints during the year, as compared to 582 in FY 1984.

Associate Deputy Administrator for Congressional and Intergovernmental Affairs

During FY 1985, the Office of Congressional and Intergovernmental Affairs continued supporting the VA mission of providing benefits and services to America's veterans by serving as a valuable link between VA program officials and Members of Congress, Federal agencies, and State and local governments.

Under the overall direction of the Associate Deputy Administrator for Congressional and Intergovernmental Affairs, the two separate components, the Congressional Staff and the Intergovernmental Staff, worked to improve lines of communication through outreach efforts while renewing and strengthening established relationships.

The Congressional Affairs Staff, based in Central Office, provided valuable assistance to Members of Congress and committee staffs on a wide variety of VA policy, program, and legislative issues. The Congressional Affairs Staff, based on Capitol Hill, continued to assist on constituent casework inquiries. In a combined effort, the entire Congressional Affairs operation has maintained a constant flow of Agency information necessary to Members of Congress and their staffs to develop legislative initiatives and represent their constituencies in an exemplary manner. During this past fiscal year, a data system was installed which enabled the Congressional Affairs Staff to track the progress of VA-related legislative proposals and document pertinent information. This capability has given the office a new tool by which to keep top management Agency officials informed in a more timely fashion.

The Office of Intergovernmental Affairs continued to expand its State and Federal agency contacts. While interest in VA financial assistance programs is a main concern of this office, great strides were made in improving lines of communication with targeted groups and organizations. Formal and informal outreach efforts were the primary concentration of the past fiscal year. Liaisons were established with all State offices as well as with those States that maintain offices in the Nation's Capital. Major conferences and briefings were held to enhance the States' understanding of the many facets of VA-administered programs.

Associate Deputy Administrator for Public and Consumer Affairs

In FY 1985, the Office of Public and Consumer Affairs completed its reorganization begun the previous year. Offices were established to provide radio and television services and to coordinate Presidential and private sector initiatives. Field offices were consolidated and five additional regional offices were staffed. The office continued to expand its use of computer, communications, and other technology so that information could be disseminated through more efficient use of materials and manpower. A computer search was established of news-wire service reports outside the Washington, D.C., area to enable Agency officials to be better informed on veteran-related news.

The Office of Public and Consumer Affairs, as its primary mission, continued to support the delivery of VA benefits and health care through information programs aimed at veterans, employees, and the general public. This mission was achieved with programs directed at mass media and specialty news media, VA employees, veterans service organizations, educational institutions, professional societies, and other entities with an interest in veterans affairs. In fulfillment of its mission, the office also responded to consumer concerns of veterans and dependents and supported the VA's 30 Federal advisory committees.

A topic of special concern to veterans, the possible effects of exposure to the herbicide Agent Orange and to radiation from nuclear tests and the World War II bombing of Japan, was the subject of public information programs. In addition to regular programs aimed at the news media and employees on these subjects, *Agent Orange Review,* a newsletter on research and VA policies concerning Agent Orange, continued to be mailed periodically to veterans.

In FY 1985 the office developed a plan for the use of information programs to encourage private support of veteran employment. The plan, prepared for the Committee for Employer Support of Veteran Employment, included the use of speeches, print, and electronic news releases, public service announcements, and brochures.

A variety of public affairs efforts was introduced to inform women veterans of veterans benefits, with special emphasis on National Women Veterans Week. These included a pre-printed feature article on the contributions of women, distributed to 4,000 newspapers, a series of news releases reporting on VA studies identifying the needs of women veterans, and radio and television public service announcements.

In February the office conducted an information campaign designed to increase participation by the general public in the annual National Salute to Hospitalized Veterans. Materials developed included print and electronic public service messages, a brochure, and a poster.

Public information support was also provided to a number of special veteran-related activities, including the National Wheelchair Games, the National Music

Festival for Disabled Veterans, the National Arts and Crafts Show, Memorial Day, Veterans Day, POW-MIA Recognition Day, National Consumers Week, and the Administrator's Sports and Fitness Program. The Music Festival performances at Constitution Hall attracted a large audience, and the three-day wheelchair games received widespread national and local media attention.

Efforts continued to improve the design and photography for *VAnguard,* the national monthly employee newsletter. The annual publication *Federal Benefits for Veterans and Dependents* was edited and distributed to 80,000 VA and non-VA veteran counselors early in the year.

Special efforts toward consumer service included the quarterly publication of the *VA Consumer Review* to provide information on VA consumer programs, and coordination of a regional training conference for patient/consumer representatives.

Television production included a series of 17 half-hour programs on VA medicine, which was accepted for showing by a cable network and by the U.S. Information Agency; and a number of messages from the Administrator to field offices.

Special training programs included classes for facility associate directors and professional training for station collateral-duty public affairs officers. A new VA public affairs handbook was produced by the office to clarify procedures and policy and to serve as a reference for public affairs officers.

Associate Deputy Administrator for Information Resources Management

The ADA/IRM (Associate Deputy Administrator for Information Resources Management) is the Agency's senior official responsible for managing the information resources of the Agency. The office is also responsible for managing the VA's implementation of Reform '88 activities and the Paperwork Reduction Act of 1980, and for coordinating the Agency participation in the OMB Management Review.

The ADA/IRM recommends policy, plans, and operations related to the Agency's mail, travel, and records management programs, the internal control and major systems acquisition programs, and the Agency's implementation of the Federal Managers' Financial Integrity Act of 1982, as well as other information resources management activities including ADP, office automation, telecommunications, information systems, Agency reports and statistics, paperwork management, and VA regulations.

The ADA/IRM serves as the Agency representative on the President's Council on Management Improvement and other senior-level policy groups that may be established relative to Governmentwide management improvement initiatives.

During FY 1985, the office of the ADA/IRM initiated an innovative approach to contracting by procuring a pool of seven contractors under an umbrella contract for management analyses and studies. The contract is available for agencywide use, and will eliminate the long procurement process for tasks covered under this contract, thereby potentially saving the Agency time and money.

The Management Control Staff provides support for all information resources management functions and programs.

The Office of Data Management and Telecommunications and the Office of Information Management and Statistics report to the ADA/IRM.

Office of Data Management and Telecommunications

ODM&T (Office of Data Management and Telecommunications) provides ADP (automated data processing) support to VA departments and staff offices. The office is responsible for computer operations at the Agency's five DPCs (data processing centers), which process most of the VA's computer programs. The full range of support services offered includes computer and telecommunications systems planning; designing, developing, and implementing computer equipment applications systems; and technical and telecommunications support. Additionally, the office is involved in long-range planning efforts and also conducts special studies to advise users of the latest technology and services available.

Telecommunications services include designing and engineering communications systems for VA facilities, working closely with the Office of Construction to introduce cost-effective audio and visual communications systems into new construction and renovation projects.

As part of the President's Cost Cutting Initiatives for FY 1986, the VA proposed to consolidate ODM&T field operations, closing the Los Angeles and St. Paul DPCs and reducing the staff at the Romney Message Switching Center. These actions will significantly reduce operating costs without degrading the quality of ADP and telecommunications service to VA users. Preparations for the consolidations were completed in FY 1985; the facilities are scheduled to close during FY 1986.

In another effort to decrease costs and better utilize resources the VA is actively promoting agencywide data and technology sharing. Providing expanded and speedier access for authorized employees to the vast store of VA data is essential to provide fast reliable service to veterans and their families. The ultimate goal is for each authorized VA employee to be able to access information from any VA data base needed to quickly serve the veteran. The Departmental Information Exchange Project is an example of the VA's movement in this direction. This project is designed to develop a method to exchange medical and eligibility data among the three departments.

Selected VAMCs began testing the hospital inquiry capability in July, 1985. Once testing is completed, authorized VAMC personnel will be able to use their computer terminals to access the BDN (Benefits Delivery Network) for a fast determination of each applicant's eligibility for care. Future plans provide for automated forms generation from DVB regional offices to VAMCs. Other plans include automated eligibility inquiry and notification of death from DMA cemeteries to the BDN.

Another project objective is to link the DHCP (Decentralized Hospital Computer Program) computers in VAMCs with one another and the Austin DPC via the VADATS (VA Data Transmission System) network. A communications link was successfully established in FY 1985, enabling selected VAMCs to transmit certain data to the Austin DPC via the VADATS network. Ultimately, all VAMCs will have this capability, eliminating the need for time-consuming and expensive manual processing and mailing of keypunch cards.

The AMIS (Automated Management Information System) Enhancements Project, designed to improve the timeliness and accuracy of AMIS data, represents another effort to provide authorized employees with access to a major data base. AMIS is a statistical data system which provides information on virtually every operating element of the VA.

At the end of FY 1985, VARO (VA regional office) staff were ready to begin using personal computers to collect, enter, and edit AMIS data, manipulate them to create reports for local use, and transmit them to the Austin DPC via the VADATS network. VAROs anticipate using this method, which significantly improves the timeliness and accuracy of the data, in early FY 1986.

Significant progress was also made during FY 1985 in this project's second phase, which will provide on-line access to select AMIS data for authorized VACO personnel. Work also continues on the project's third phase, which will use the VADATS network to transmit selected data and reports from the Austin DPC to the VAROs.

The AMAS (Automated Monument Application System), installed in FY 1985, illustrates how the VA is using technology to reduce paperwork and provide better and faster service. AMAS was specifically designed to streamline and expedite the process by which the VA provides grave markers to veterans and their eligible dependents. The entire claims process, from receipt of the claim through inscription formatting and printing, is now automated; this greatly reduces the amount of time needed to process these orders, which speeds delivery of grave markers.

The VA is redesigning the outmoded PAID (Personnel Accounting and Integrated Data) system, which issues payroll checks and provides personnel records for the VA's 247,000 employees. During FY 1985, the VA developed two new computer applications to provide faster and more direct access to PAID data located at the Austin DPC. These applications, to be installed in FY 1986, will help support VACO and field station managers' data and information requirements until the redesigned system is operational.

The VA initiated a project in FY 1985 to provide field stations with dial-up access to select data in the CALM (Centralized Accounting for Local Management) system, the VA's centralized accounting system. By the end of the year, 88 stations had this capability enabling them to easily them to the Austin Finance Division. This saves staff time, both in the field stations and in the Austin Finance Division, and improves overall relationships with vendors. This project will continue until all stations requesting access have received it.

In response to legislation, the VA moved quickly to develop and install an automated system for a new educational benefits program, entitled Chapter 106 - Educational Assistance for Members of the Selected Reserve. This on-line system, installed on the Benefits Delivery Network in FY 1985, enables authorized VACO staff to access the data base, enter new data, and generate and authorize awards. With this capability, the VA can provide speedy service to both applicants and benefit recipients.

A significant enhancement of the way the VA processes awards through the C&P (Compensation and Pension) system was completed during FY 1985. The installation of Supplemental Award Generation streamlined the processing of these awards, resulting in faster payments for VA beneficiaries.

CP&E (Compensation, Pension and Education) fiscal transactions were also installed on the Benefits Delivery Network during FY 1985. This installation improved service to veterans by speeding special payments and ensuring the accuracy and timeliness of accounts receivable information in their master records.

Two other FY 1985 redesign efforts aimed at providing expanded and speedier access involve LGY (Loan Guaranty) and BIRLS (Beneficiary Identification and Records Locator Subsystem). During FY 1985, work continued on developing specifications for the LGY Rapid Access System. Programming also began. On-line access to the LGY data base will result in faster responses to veterans' inquiries, fewer transaction errors, and more accurate information in the data base.

The BIRLS redesign was necessitated by a concern that the VA's on-line beneficiary index and retrieval system could not process projected workloads or expand to meet user needs. The redesign will focus on fully integrating BIRLS into the Benefits Delivery Network.

Equipment augmentations to the Benefits Delivery Network will support the LGY redesign and enhancements to the C&P system. Since this equipment is approaching the end of its life-cycle, the system is being analyzed to evaluate alternatives for continuing data processing support. During FY 1985, a preliminary study was conducted to forecast workloads and estimate life-cycle costs for various replacement alternatives.

With VA facilities located in every State, the District of Columbia, Puerto Rico, and the Philippines, an efficient and cost-effective data communications network is essential to carry out the Agency's mission.

In January 1984, the VA assumed management and operational responsibility for the GSA (General Services Administration) Advanced Record System. Renamed VADATS, this system serves as the VA's primary means of transmitting administrative messages and data communications.

During FY 1985, VADATS expanded significantly, the packet network growing from 15 nodes to over 100. VADATS was transformed from a store-and-forward switching network to an immediate access utility network as well. Significant progress was made in permitting different brand name computers and terminals to "talk" to one another directly. The VA's present and future needs demand this type of network, to enable departments and staff offices to share and exchange information contained in the Agency's various data bases.

VADATS will eventually support most of the VA's near-term data communications needs. The ultimate goal for VADATS is to provide an efficient, high-quality, and cost-effective communications network for the Agency.

To improve services and support organizational data needs, the VA is using both centralized and decentralized computer systems. Authority and responsibility for ADP management is distributed among the departments and staff offices, enabling these elements to meet their information needs faster and more efficiently.

To meet the VA's present and long-range ADP needs, all the computer equipment at the Austin DPC was replaced; the contract for the replacement mainframe computers and peripheral equipment was awarded in early FY 1985.

The replacement computer system will support Agency needs through 1992, and will significantly increase the capacity to provide user support and services. Major improvements include support for users' on-line access to Agency data bases, enhanced timesharing services, and support for major system redesigns.

To encourage and enable VA employees to take advantage of the new personal computing technologies, the VA opened an ITC (Information Technology Center) in January 1984. The ITC, one of the first such centers in government, continues to provide a full range of personal computing services. These include computer literacy and advanced end-user training, consultation, and technical assistance.

In FY 1985, the VA initiated a new program for handicapped persons in the ITC. The program orients participants to the personal computer environment, trains them on equipment adapted for their handicap, and exposes them to the most popular office computer software package.

The VA has purchased equipment to accommodate the blind, quadraplegics, amputees, and other persons with limited motor coordination. Special equipment which facilitates communication between hearing and hearing-impaired persons is also available. The ITC serves as a model for other agencies interested in beginning this type of program.

During FY 1985, the VA awarded an Agency-level office automation contract to simplify procurement of integrated office automation systems. Advantages of this contract include a guarantee of future expandability to take advantage of technical advances, compatibility between office automation systems, and the opportunity to obtain significantly reduced prices.

Many office automation initiatives have already become a reality for VACO offices. One such example is the Contract Appeals Automated Tracking System. This system provides a fast and efficient method to monitor the progress of each contract appeal case which General Counsel staff attorneys must try before the Board of Contract Appeals. In addition to its tracking capabilities, the system provides attorneys with instant access to information on each case.

This overview of FY 1985 major ADP and telecommunications activities demonstrates the VA's commitment to using new technologies which are cost-effective, and which improve the quality of service for veterans and their families. The VA continues to apply modern data processing and telecommunications technologies in a manner that reduces overall operating costs and increases responsiveness to the needs of veterans.

Office of Information Management and Statistics

The OIM&S (Office of Information Management and Statistics) is the management information and statistical research arm of the VA. The OIM&S is responsible for VA-wide paperwork management, records management, and mail and travel policy. The office also provides statistical data and analyses to VA management for budgeting, program management, and policy formulation, and coordinates the VA's internal interagency, and public use reporting needs.

The Statistical Policy and Research staff members provide estimates and projections of the veteran population, including socioeconomic data on veterans' needs and resources. They analyze mortality levels, lengths of patient stay, and results of health care treatment, using data from various reporting systems, and conduct special and recurring studies to measure the impact of specific benefit programs. The professional staff also provides statistical consultation to VA managers in analyzing program data and in developing statistical research studies.

The Reporting Policy and Review staff formulates standards and policies for operating the VA's integrated reporting system, and reviews and controls all proposals to obtain VA, interagency, or public use reports. Other responsibilities include the application of ADP systems for management information, preparation and distribution of various Agency-level reports and tabulations, and coordinating improved reports management as required by the Paperwork Reduction Act.

The Paperwork Management and Regulations staff formulates and recommends agencywide policies and plans for the creation, maintenance, use, preservation, and disposition of records. Specific program areas relate to the management of records, directives, forms, correspondence, mail, vital records, and micrographics. The staff is also responsible for administration of the Privacy Act, the Freedom of Information Act, computer matching programs, and Agency travel policy.

Statistical Policy and Research

The Survey of Female Veterans was completed during FY 1985. This survey provides detailed information on women veterans' demographic and socioeconomic status, as well as their use of and satisfaction with various VA benefits and services. Particular emphasis was placed on female veterans' past and current health status, and their use of VA medical facilities. The successful completion of this survey was aided by contributions made by the Administrator's Advisory Committee on Women Veterans.

Two major reports based on 1980 census data were published. *Veterans in the United States: A Statistical Portrait from the 1980 Census* contains a wealth of detailed information on the demographic and socioeconomic characteristics of veterans. Among the many variables examined in this report are race, marital status, and income. Similar statistics on veterans in each state are presented in *State Profiles of the Veteran Population: Statistical Portraits from the 1980 Census*. These two publications are of particular importance because they contain an abundance of data available only once every ten years from the decennial census.

The first set of projections ever prepared of the service-connected veteran population was finalized. These data cover the 1985-2030 time period and are differentiated by age group and state. These projected figures will be of significant value to the Office of Management and Budget as well as to various departments and staff offices within the VA for planning purposes.

As in the past, a variety of veteran population statistics were developed and published. Estimates of the number of living veterans by age, sex, period of service, and state were prepared as of the beginning and the middle of FY 1985. These data are used widely within the Agency for planning purposes, and are also utilized by Congress, veterans service organizations, and public and private research groups.

Methodological research in how to best compute veteran population data produced two major developments during the last year. A new set of veteran migration rates was prepared for the 1980-85 period. These figures will aid in better tracking state-to-state shifts in the number of living veterans. Noteworthy improvements have also been made to the procedures used to develop veteran population statistics below the State level. These new techniques produce more reliable figures for counties, which in turn are aggregated to form improved information on veterans in each primary service area and medical district. The figures are of critical importance because they constitute a major component of the Agency's planning process for projecting future medical care demand.

A wide variety of special reports was published that examined the characteristics of the veteran population and its use of different VA benefits and services. Among the topics covered in these research monographs and statistical briefs were interstate migration patterns among older veterans and female veterans' use of the post-Korean conflict GI Bill.

During the fiscal year, in collaboration with the Office of Geriatrics and Extended Care, development of a statistical information system for GEU's (Geriatric Evaluation Units) was initiated. These units are being established in medical centers to improve the diagnostic assessment, treatment, and placement of older patients. The system being developed will contain diagnostic data, data on medications, data on social support systems, demographic data, and data on activities of daily living. These data will be used by GEU directors for planning purposes and self-evaluation. The data base will be analyzed and publications will be produced which will be helpful in making policy decisions and in long-term program design. The project is currently in a pilot test phase.

Data continued to be collected for the ex-POW statistical tracking system in FY 85. The ex-POW statistical tracking system was developed to evaluate the effectiveness of the ex-POW Medical Evaluation Program, which was implemented in response to Public Law 97-37, the "Former Prisoner of War Benefits Act of 1981." The results of the analyses of these data have been presented at the ex-POW's Advisory Committee Meetings.

Reporting Policy and Review

The Office of Information Management and Statistics provides the Agency's policy and working-level representatives to OMB on the Federal Assistance Awards Data System. This Governmentwide data system provides Federal expenditures data to Members of Congress, to the States, and to the general public. Additionally, these data feed into the congressionally mandated Consolidated Federal Funds Report system.

One of the major missions of the office is to provide timely, useful information concerning VA activities. Examples of publications which disseminate this information include *Geographic Distribution of VA Expenditures, Data on Vietnam Era Veterans, Trend Data, Directory of VA Facilities, Summary of Medical*

Programs, the Administrator's Annual Report, and the Inventory of Active ADP Systems. These publications are distributed internally as well as to the Congress, veterans service organizations, local and State governments, and the general public.

The office also continues to serve as the reports processing center for the Agency, providing various services for numerous internal report projects, and helping to fulfill VA responsibilities regarding interagency reporting requirements.

A proposed statement of work for contractual support for the IMIS (Improved Management Information System) feasibility study and system prototype was developed during FY 1985. The objective of the IMIS is to provide a centralized agencywide information system that will include data from the Agency's major information systems and that will accommodate the information needs of VA managers at all levels of administration. To ensure that the scope of the feasibility study and the prototype includes current and planned system development, a work group consisting of representatives from the departments and selected staff offices has been formed to review and prepare the final statement of work.

A Data Administration Work Group, composed of representatives agencywide, was formed during FY 1985. This group identifies data requirements for the Agency.

The AMIS (Automated Management Information System) is a system of generalized computer programs for processing VA management reports covering virtually every operating element of the Agency. It is the primary source of program, budget, and personnel data. AMIS users can now retrieve data through IBM'S time-sharing option which allows access to prearranged data sets. This enables users to make ad hoc reports from AMIS data. In addition, a special personal computer software package called SMART (Segment Manipulation and Retrieval Technique) was developed to improve the accuracy of data and method of transmission by DVB field stations, the capability to store station-created data via the station's personal computer, the turnaround time of some reports through the generation of reports with station data at the station, and accessibility to AMIS data for ad hoc use by station management. SMART provides station managers and other AMIS users with a more productive way to control, access, and use their AMIS data.

The major source of VA employment reporting is the PAID (Personnel and Accounting Integrated Data) system. PAID contains over 250,000 master records and shows the current status of each VA employee. Employment data can be prepared by department or staff office, appropriation, facility, occupation, or other characteristics. In addition to supplying recurring reports, PAID also provides an ad hoc report service to meet special management requirements.

During FY 1985, extensive changes were made to DVB manpower utilization and workload reports. These changes were the result of a thorough study of Agency reports and reporting techniques by a private consulting firm. One third of the DVB work counts were eliminated in the AMIS system. Many of the remaining work counts are now being provided by various linkage systems such as PAID and CALM (Centralized Accounting for Local Management). This reduces the amount of AMIS input required from field stations and eliminates the redundancy of information on AMIS reports. In addition, a new method of storing the calculations used in over 150 of the DVB manpower utilization and workload reports was developed, which saves a considerable amount of the time required for coding reports at the Austin Data Processing Center.

The Office of Information Management and Statistics is the manager of the RONA (Release of Names and Addresses) program. Under title 38, U.S.C., the Administrator is authorized to release names and addresses of present or former members of the Armed Forces and their dependents to nonprofit organizations, provided the intended use is to notify eligible veterans of VA benefits, such as compensation, pension, education, or medical care. Title 38 also permits the release of veterans' names and addresses to state and local governmental agencies for the same purpose. During FY 1985, 109 requests from Federal and State agencies, Members of Congress, veterans service organizations, educational institutions, private citizens, and other organizations were processed. The OIM&S is also responsible for ensuring that the information released is not misused. As a means of accomplishing this, a monitoring program using the names and addresses of VA employees was instituted several years ago. There are currently 1,123 VA employees participating in the program, representing the 50 states, the District of Columbia, and Manila.

The VAiLS (VA Automated Information Locator System) was established in FY 1985 to automate report history files. VAILS was developed for the VA by American Management Systems, Inc., to improve the VA's management and control of Agency information requirements. By providing an automated summary of each report, VAILS assists in identifying approved information requirements, and determining if new information requirements submitted for approval are duplicates of any reports already in existence. VAILS is an online, menu-driven system and allows for the addition, deletion, modification, and display of report records with relative ease. The data base currently contains records for all internal recurring reporting requirements that have been assigned an RCS (reports control symbol) by OIM&S.

Paperwork Management and Regulations

The VA maintained an active program to ensure that records of veterans, beneficiaries, and other individuals were maintained in accordance with the Privacy Act of 1974 and VA's confidentiality statutes. During the year the Agency operated 57 systems of records subject to the act, and was active in conducting 14 computer matching programs involving records subject to the act—six programs as the matching agency and eight as the source agency.

The administrative policies and procedures for exchanging, by automated means with the uniformed services, records and information concerning military retired pay and VA's disability compensation and pension payments were incorporated into a memorandum of understanding between the VA and the Department of Defense. This agreement is the culmination of a project lasting many years to ensure that records and information were exchanged between the VA and military services as efficiently as possible and that the military retirees who are also in receipt of VA compensation and pension payments receive correct and timely payments from both the VA and the military service.

During the year projects to support the Agency's Modernization Program were initiated or moved toward completion. One project involves the implementation of a system whereby VA's request for military personnel/medical records will be provided by automated means to the NPCR (National Personnel Records Center). Since approximately 675 record requests are sent to the NPRC each day, an automated system will reduce paper handling and improve timeliness of replies to the requests.

A second project involves the computerized transfer of military service information to the VA in lieu of using the DD Form 214, Certificate of Release or Discharge from Active Duty. The military service information is used in a mailing program which provides veterans with information about VA benefits and in claims processing to verify military service. If this information is provided from the military services on computer tape, in lieu of paper, accuracy of the information will greatly improve and costs associated with handling paper will be reduced. During FY 1985 test tapes for this information exchange were received from the Army. Full implementation of the system as a pilot project with Army is anticipated within a year.

As the office responsible for appraising the effectiveness and economy of the Agency micrographics program, the Paperwork Management and Regulations Service approved the procurement of more than $445,00 worth of micrographic equipment, supplies, and services in FY 1985. The largest single agencywide acquisition pertained to the procurement of 25 state-of-the-art, semi-automated reader-printers and one rotary microfilm camera to support the CAPPS (Computer Assisted Payment Processing System) at the VA Austin Finance Division. The office also reviewed and approved requests from the Department of Medicine and Surgery to microfilm two major series of records: EEG (electroencephalograph) tracing files and ECG (electrocardiograph) tracing files. A special request was also approved to microfilm certain perpetual and death case medical records at the VA Medical Center, Birmingham, Alabama. If the microfilming project at this medical center is successfully implemented, it is anticipated that other medical facilities will choose microfilm as a cost-effective storage medium for their perpetual and death case records.

In FY 1985, the Paperwork Management and Regulations Service published the first IMB (Information Management Brief) titled ''Micropublishing: A Micrographics Application.'' Based on the results of a detailed agencywide survey, the IMB addressed the VA-wide use of micropublishing subscription services and the advantages of subscribing to such services, such as cost savings through the issuance of one or more centralized procurements for popular subscription services.

The VA had only a slight increase in its records holdings during FY 1985. The increase in the active and inactive records was less than one percent when compared to FY 1984 figures. This increase can be attributed to increased use of maintaining records in nonpaper modes, such as magnetic tapes and diskettes, microforms, and audiovidual records, and to improved methods for measuring and reporting the volume of records on hand. The overall FY 1985 holdings of 1,903,707 cubic feet is 9,185 cubic feet above FY 1984 figures and includes 22,470 cubic feet of nonpaper records.

The volume of new records created was 209,145 cubic feet. The volume of records destroyed under authority of the NARA (National Archives and Records Administration) was 133,539 cubic feet. An additional 66,763 cubic feet, an 11 percent increase over FY 1984, were transferred to FARCs (Federal Archives and Records Centers).

During FY 1985 the Agency maintained an active and aggressive program to relocate and transfer veterans' inactive claims folders from regional offices. Over 21,400 cubic feet of inactive claims folders (death cases, loan guaranty, insurance, and dependents education assistance folders) were retired to FARCs. An additional 10,897 cubic feet of inactive claims folders were transferred to the VA Records Processing Center. These two initiatives freed filing space equal to 4,306 five-drawer file cabinets valued at $602,840, which would have required 30,142 square feet of space valued at over $390,338. A total net cost-avoidance savings of $993,178 resulted from these two initiatives.

Throughout the year the Agency initiated other management projects. A project was initiated to convert GI Loan Index Entitlement Cards to COM (Computer Output Microfilm). Approximately 3,941,800 cards at 13 field stations have been converted to COM. Two other projects involving the automation and disposal of certain categories of live and deceased veterans' claim folders at the VA Records Processing Center resulted in the center's being able to dispose of 2,546 cubic feet of claims folders. The VA has also expanded the DHCP (Decentralized Hospital Computer Program) to 169 medical facilities, and implemented the microfilming of certain medical records.

During the past year, the VA installed in its Paperwork Management and Regulations Service some of the latest and most sophisticated equipment in the Federal Government to aid in forms design. This equipment enables forms and form letters to be electronically designed and produces a typeset, camera-ready copy suitable for printing. All forms and form letters are designed in accordance with accepted Governmentwide standards. The goals of the forms management program are to reduce costs, to improve service, and to eliminate nonessential forms and form letters and design only those considered essential to the VA's mission and goals. The VA forms program uses every available means to exercise control of every form and form letter used in the Agency. Forms management policy initiatives and site visits to field facilities increased during FY 1985 in an effort to promote greater economy and effectiveness in this program.

The Paperwork Management and Regulations Service again prepared the VA information collection budget required by the Paperwork Reduction Act of 1980, Public Law 96-511, and 5 CFR 1320. For FY 1985, the VA exceeded the burden-hour reduction goals set by the Office of Management and Budget. For existing collections, the VA eliminated 479,801 burden hours, surpassing the FY 1985 goal of a 397,000 burden-hour reduction by 21 percent. Similarly, burden hours for new collections were held to 31,901 burden hours, 39 percent below the 52,000 burden-hour limitation.

The Agency has had an ongoing paperwork burden control program for well over a decade. In FY 1985, VA's paperwork burden control strategy continued the review process that was already in effect. This review process relies on a variety of information management techniques, including standardization, consolidation, use of modern technology, and data exchange efforts with other Government agencies.

As one of the Federal Government's major procurement agencies, the VA is continuing to give special attention to reducing the burden placed on the public by procurement paperwork requirements. Efforts begun during FY 1984 to consolidate procurement requirements and to standardize order procedures were continued in FY 1985, resulting in a decrease of over 200,000 burden hours. This reduction effort will continue into FY 1986 with further implementation of consolidating requirements and standardization activities.

The FILS (Federal Information Locator System) was developed under Public Law 96-511 as a means of assisting Federal personnel in detecting unnecessary duplication in proposed Federal information collections. This is an authoritative register of all OMB-approved public-use information collection documents. The VA became a user of FILS on June 1, 1984. Every information collection sent to OMB for approval this fiscal year was searched via FILS; 84 searches were completed. At the end of this fiscal year, VA began using the General Accounting Office Thesaurus when performing FILS searches. Through the use of this thesaurus, the identification of potentially duplicative information collection requests is being facilitated as key-word descriptors are standardized throughout the Federal Government.

The Directives Management Division reviews and clears issues which require approval of the Administrator or his staff, such as *Federal Register* notices and certain directives and regulations. Issues to be referred are systematically scrutinized to ensure appropriateness of media, formats, and organizations; suitability of manuscripts for final review and subsequent reproduction; quality of narrative presentations, style, syntax, logic, and simplicity; adequacy of coordination; accuracy and completeness of supporting documents; and adherence to directives management system requirements. In FY 1985 380 such issues were cleared.

On January 1, 1985, the VA implemented a test of the Citicorp Diners Club, Inc., Travel and Transportation Expense Payment System at 13 field facilities and VA Central Office. As of June 1985 there were a total of 2,727 charge cards out, and the total dollar volume billed amounted to $1,401,947. During the test, travelers have used the contractor-issued cards to cover transportation costs, subsistence expenses, and other allowable travel and transportation expenses incurred while on official travel. In addition, travel advances have been limited to 45 percent of the anticipated subsistence costs. Initial review of the test results indicates that with some modifications the program would be advantageous to the VA. The final report on the test will be completed in early 1986.

The VA also initiated a review and assessment of Agency relocation services and needs as authorized by Public Law 98-151. A task force has been convened and charged with developing FY 1984 base line data on permanent change of station moves in the VA, determining the services the Agency would require in a relocation services contract, and developing recommended policy options. The study is scheduled to be completed in mid-FY 1986.

Final documentation for the Agency's reimbursement to the U.S. Postal Service for FY 1984 postage costs was completed and forwarded to the Postal Service in FY 1985. VA's postage costs amounted to $40,047,793 for FY 1984. In an effort to contain steadily rising postage costs, the VA has joined with 20 other major Federal agencies in a Mailing Cost Reduction Project. The project's goal is to reduce the Agency's FY 1986 mailing costs (postage, private carriers, space, equipment, salaries) by 15 percent of the VA'S FY 1985 postage costs.

Associate Deputy Administrator for Logistics

The ADA (Associate Deputy Administrator) for Logistics is responsible for policy-level oversight of the Agency's construction, procurement and supply, Central Office administrative support, environmental affairs, and small and disadvantaged business utilization programs. Reporting to the ADA are the Offices of Construction, Procurement and Supply, and Administration. The ADA also serves as the Agency's Procurement Executive, Director of the Office of Small and Disadvantaged Business Utilization, and Director of the Office of Environmental Affairs. At the direction of the ADA, a number of initiatives were undertaken in FY 1985 to improve services, enhance program efficiencies, and make more cost-effective allocations of available resources.

Initiatives taken in the area of procurement and supply included the ADA's continued participation on the Executive Committee on Federal Procurement Reforms for the purpose of drafting revised guidance to streamline the Federal procurement process and to make it more cost-effective; expansion of an intensive VA contracting officer training program which trained 374 individuals in FY 1985; providing technical assistance for the monitoring of a contract study of the VA's national contracting and distribution program for medical supplies and non-perishable subsistence; reduction in investment costs for medical supply inventories; reemphasis of the need for improved acquisition planning to result in cost savings and avoidances; expansion of consolidated procurement initiatives and cost avoidances; implementation of the Competition in Contracting Act and the Agency's Competition Advocacy Program; implementation of a comprehensive assessment of the credentials of the Agency's contracting officials; support of the Administrator's ADP Modernization Goal through contracting services; award of a series of contracts which provide immediately available expert management and analysis service through use of task orders; expansion of inter-agency, shared procurement contracts which have helped to eliminate overlapping procurement actions between Government agencies; development of plans for Procurement and Supply's inclusion in the DHCP (Decentralized Hospital Computer Program) automation plan; implementation in the VA Acquisition Regulation of improved access to procurement information for small businesses owned by Vietnam era and disabled veterans; an increase in the number of projects included in the Agency's pilot program for SBA 8(a) set-aside architect-engineer procurements; and initiation of a comprehensive review of the VA's SBA 8(a) set-aside program to identify areas of possible improvement.

Initiatives undertaken in the VA's construction program included completion of a contract to comprehensively study health care facilities and to seek improved effectiveness and efficiencies; participation in implementation of a number of new procedures to enhance VA medical center involvement in the design and construction process; implementation of contracts to survey the physical plants of VA medical centers to provide a comprehensive, first-time overview of the needs of the Agency's physical plants (results to be used by the Agency for planning and budgeting purposes); administration of a contract which compares VA's design and construction technical specifications with those of the private sector; continued development of a nursing home care unit prototype on a

Computer Aided Design system which is expected to result in significant time and design cost savings; completion of reviews of the Agency's leasing and environmental regulations and policies; development of Agency leasing procedures and realignment of leasing contracting authorities; improvement of the cost estimating rationale which is expected to improve construction budget management; initiation of a proactive plan for management of the Agency's asbestos abatement program and for development of Governmentwide solutions to problems involved in asbestos abatement; and overall improvement in the management effectiveness and program efficiencies in the Office of Construction through enhanced automated information systems planning.

Office of Administration program initiatives undertaken included continuation of an agreement with the GSA (General Services Administration) to assign additional space to assist in the efficient consolidation of VA Central Office activities; opening of a physical fitness center and enhanced physical fitness program for VA Central Office employees; improvements in the operational plans for elevator and telephone systems; consolidation of leased space to reduce rental reimbursements to GSA; audiovisual production of five film documentaries, public service announcements, and special coverage of national, historical, and ceremonial events; and issue of 294,350 Presidential Memorial Certificates in recognition of honorably discharged deceased veterans, a 13-percent increase over FY 1984.

Office of Administration

The Office of Administration has staff and operational responsibility for the Agency's printing, reproduction, and distribution program, and the audiovisual program, exclusive of research and educational activities in health care facilities. The Office also has responsibility for Central Office administrative support programs such as management of real property, supplies, equipment, furniture, and furnishings; receipt, distribution, and dispatch of mail; communications service; records management; and the Presidential Memorial Certificate Program. The Director is the Agency liaison with the Joint Committee on Printing of the U.S. Congress, the National Audiovisuals Center, and the General Services Administration in regard to space acquisition, telephone service, and other general support functions within the Washington metropolitan area.

Presidential Memorial Certificate Program

The Presidential Memorial Certificate Program honors the memory of honorably discharged deceased veterans. Statutory authority for the program is contained in U.S.C., title 38, section 112; President Reagan approved its continuation on February 4, 1981. The VA issues to the next of kin certificates which bear the President's signature and express the country's grateful recognition of the veteran's service in the Armed Forces.

Eligibility for the certificate is determined by the VA when notice of the veteran's death is received and next of kin information is available. Certificates may also be issued upon request to other relatives and friends of the deceased veteran.

Over 5.1 million certificates have been issued since the program was initiated in March 1962. The VA issues an average of 1,200 certificates daily. A total of 294,350 were issued during FY 1985.

Audiovisuals

The VA produced five film documentaries during the fiscal year. The film series titled "VA Medical Advances" consists of 17 half-hour segments on medical research within the VA. Each segment features a VA researcher discussing accomplishments and advances in a particular medical field. The series is informative to veterans and their families, informs VA professionals of the work of their colleagues, and has the potential for attracting medical professionals to the VA health care system.

The film "America's Tribute" documents the 1984 National Veterans Day Ceremonies at Arlington National Cemetery. This historical presentation features the Honorable Caspar Weinberger, Secretary of Defense, placing the presidential wreath at the Tomb of the Unknowns and delivering the Veterans Day address to the Nation from the amphitheater. Added features in this film are a brief address to his former comrades by General William C. Westmoreland, USA (Retired) and scenes of the National Vietnam Memorial dedication ceremonies.

The film "VA Modernization Plan" documents messages from the Administrator, Deputy Administrator, the Chief Medical Director, the Chief Benefits Director, and the Chief Memorial Affairs Director to employees on VA's direction and commitment to improving and updating its nationwide communications and computer system to better serve America's veterans.

The film "This Good Rich Earth" presents a colorful, picturesque, and informative documentary on the design, phased construction, finishing, landscaping, and dedication of the VA National Cemetery, Quantico, Virginia. In addition to its historical value, the film is useful for training and research purposes for designers, architects, engineers, planners, and ceremonial personnel.

The film "National Veterans Music Festival" presents the varied musical talents of handicapped and hospitalized veterans. The production, filmed at Constitution Hall, Washington, D.C., records these talents, and inspires continued competition, encouraging participation for both therapeutic and welfare values.

Three public service television announcements were produced during the fiscal year. "Fitness for the Disabled," a four-part series featuring the Administrator of Veterans Affairs and Coach George Allen, Chairman, President's Council on Physical Fitness and Sports, promotes and encourages the disabled to participate in physical fitness and sports programs.

The spot announcement, "National Salute to Hospitalized Veterans," also a four-part series, featured the popular television personality, Ted Knight, inviting the public to visit hospitalized veterans during the week of February 14 in support of VA's Annual National Salute to Hospitalized Veterans.

A three-segment television spot announcement was produced to inform veterans and the public of "Veterans Day, November 11," Women Veterans—Same Service/Same Benefits," and "Women Veterans National Recognition Week."

Two national, historical, and ceremonial events required audiovisual services. The office designed and produced audiovisual displays for presentation during INSPIRE '85 Ceremonies on the Mall, Washington, D.C. The materials reflected the festival's theme of leisure, sports and cultural arts, as contributing to the total life experiences for the disabled. The INSPIRE '85 Festival included art and sports competitions in a Governmentwide endeavor to celebrate the Decade of the Disabled. The second audiovisual effort concerned POW/MIA Recognition Day, which the President had proclaimed for July 19, 1985. In commemoration of the event, the 1984 POW/MIA recognition poster was updated, while maintaining its previous theme heralded for its creativeness and patriotic effectiveness. It was distributed nationwide to use in programs and ceremonies.

Office of Construction

The OC (Office of Construction) acquires real property and facilities for the Agency. In this capacity the office is responsible for the planning, design, construction, and leasing of the facilities in which VA benefits are delivered. This responsibility includes an internationally recognized medical facility construction program, the largest in the Nation, and a major expansion of the VA National Cemetery System to meet projected demand to the year 2000 and beyond. The OC also provides professional support services to other offices which have responsibility for VA facilities.

In support of the DM&S (Department of Medicine and Surgery), the scope of services offered by the OC includes additions, alterations, and major repairs of existing buildings at all VA medical centers, outpatients clinics, nursing home care units, domiciliaries, and other medical facilities.

Services provided by OC for the Department of Memorial Affairs include the acquisition and development of land for new national cemeteries as well as planning, design, and construction support in the expansion of the existing national cemeteries.

The OC is also responsible for real property management. This includes the acquisition and disposal of real estate, as well as space management in VA facilities and GSA (General Services Administration) facilities leased to the VA in either Government-owned or Government-leased buildings. OC supports the Department of Veterans Benefits in this latter role as well as through planning, design, and construction of regional offices that are co-located on medical center grounds.

As of the end of FY 1985, projects administered by OC in the planning, design, and construction stages totaled $8.1 billion. This has decreased from prior years due to lower levels for out-year projections.

Obligations through construction contract awards for FY 1985 amounted to $434.4 million. A variety of major projects was completed in FY 1985, including a major replacement hospital at Seattle, Washington; a major modernization project at VA Medical Center, Oklahoma City, Oklahoma; a clinical facility and parking garage at Washington, DC; a center core building at Palo Alto, California, and eleven nursing homes with a total of 1,020 beds.

Architect-Engineer Contracts

During FY 1985, the OC awarded 78 architect-engineer contracts for as many projects, with fees totaling $70.4 million. Two construction consultant contracts and one construction claims consultant contract were also awarded for fees totaling $1.035 million. The design services covered by these will translate into approximately $983.7 million worth of new or improved VA facilities.

The three largest design contracts totaling approximately $19.7 million were for working drawings and other related services for projects at Houston, Texas, to provide for replacement and modernization of the facility; Philadelphia, Pennsylvania, for correction of electrical deficiences and construction of a 240-bed nursing home care unit and a new ambulatory care addition; and New York, New York, to consolidate the satellite outpatient clinic with the medical center by constructing an addition and renovating space.

The remaining 75 architect-engineer contracts ranged from approximately $25,250 to $4.7 million. Sixty-five contracts were awarded to small business firms, two of which were minority, and two awards were made under the 8(a) program.

1,047 Bed Replacement Hospital, Houston, Texas

Construction Contracts

During FY 1985 the OC awarded 24 major construction contracts (in excess of $2 million) totaling about $164 million in capital improvement for the VA.

Six of the contracts, worth a total of about $65 million and awarded to large business firms, were for projects at the VA medical centers in Charleston, South Carolina (clinical services addition and renovation); Durham, North Carolina (three additional elevators, trash and linen chutes); Fayetteville, North Carolina (clinical addition); Mountain Home, Tennessee (bed towers/renovation, phase I); Omaha, Nebraska (outpatient clinic); and Syracuse, New York (fire and safety improvements, patient privacy, support systems and heating, ventilating and air conditioning). The Mountain Home, Tennessee, contract was designated as a labor surplus area set-aside contract.

The other 18 contracts, totaling $99 million, were awarded to small business firms. Five of these were set-aside contracts for firms awarded to a small firm in direct competition with large firms; 15 were small business set-aside contracts worth over $68 million; and two contracts, totaling $11.3 million, were negotiated with minority firms.

Real Estate and Space Management

During FY 1985, the OC completed the acquisition of 4.5 acres of land for expansion of the VA Medical Center, Philadelphia, Pennsylvania; 4.65 acres of land for expansion of the Florence National Cemetery, South Carolina; 2.56 acres of land for expansion of the Salisbury National Cemetery, North Carolina; and initiated procedures with the Department of Justice for the acquisition of 20 acres of land for expansion of the VA Medical Center, Tampa, Florida.

In the same period, the OC issued approximately 100 outgrants in the form of leases, licenses, permits, agreements, and easements authorizing the non-VA use of its real property nationwide.

Several leasing actions were initiated for major leased projects this year, including three new clinics, four clinic relocations and expansions, and two medical space-related projects. Action was completed on three relocation projects.

The VA paid GSA $80.9 million for rental of 7.6 million square feet of space. Approximately $17.7 million was paid for about 1.7 million square feet of space that the VA leases directly.

The Agency has continued its space reduction program in compliance with Executive Order 12411 and Federal regulations in an effort to achieve the Federal goal of an office space utilization rate of 135 square feet per employee. Supplemental space factors will be developed by the Agency in coordination with GSA in order to achieve this Federal goal.

The VA employee ridesharing program participation rate of 33 percent in FY 85 exceeded by 9 percent the established Federal goal for agencies, set at 24 percent.

Barrier-Free Design

Accessibility of all VA facilities to the disabled has been a longstanding priority of the OC. Accessibility is a routine design consideration for all new construction, renovation, and new leases. Presently the OC is testing hardware products to determine which products are most accessible and safe for spinal cord injury patients. Additionally, the OC is providing lever handles on approximately 50 doors in VA buildings to accommodate handicapped patients and employees. Present requirements are to provide push-pull plate doors for patients' bedrooms and bedroom baths, and for toilets for the handicapped. All preliminary plans and working drawings are reviewed by the Architectural Accessibility Compliance Office to ensure that the OC provides a useful environment for all persons. Not only do the OC projects go through this review, but also reviewed are all designs for State veterans' home construction which will receive major funding through VA grants.

A five-year plan for the removal of barriers in all previously constructed VA owned or leased facilities is ongoing. Additionally, the Capital Facilities Study has been undertaken to identify present and future barriers for removal.

Capital Facilities Study

The Capital Facilities Study is a comprehensive technical evaluation of 132 VA facilities built prior to 1970. The study will tabulate, by severity ratings, the repair, replacement, and renovation needs in architectural, structural, mechanical, electrical, site, and other improvements for the next five years. The data will be used in facility planning for construction projects. As reported in FY 1984, 18 private architect-engineer consultants are accomplishing this study through use of field investigations, surveys of buildings and systems, and discussions with medical center personnel. At the end of FY 1985, the architect-engineers had completed field surveys of 100 medical centers. A computerized management information system for this study is being used to provide a consistent data base. The architect-engineers are transmitting data electronically from their offices to the computer center in the Office of Construction.

State Veterans' Homes

The Office of Construction provides technical assistance to the Office of the Assistant Chief Medical Director for Geriatrics and Extended Care for State domiciliary, nursing home, and hospital facilities in 33 States. During FY 1985, eight awards, totaling $39 million, were made for State home projects. Eighteen new requests, which total $79.5 million, were received and have been reviewed. A total request estimated to be $152 million, covering 72 projects, is being held pending Federal funding in future years.

Construction Cost Estimating

In recent years, considerable difficulties have been experienced in arriving at reliable cost projections throughout the construction industry. Consequently, during FY 1985, the OC revised its rating system for the selection and evaluation of architect-engineer firms. The OC replaced the performance evaluation form with a form that increases the importance of construction cost-estimating performance to a level equal to that for design. The overall performance score resulting from these evaluations is then used to rate the firm should it apply for future projects.

In announcing architect-engineer opportunities in the *Commerce Business Daily*, the OC included a statement that emphasis will be placed on the estimating capabilities of the applicant. When interviews are subsequently scheduled, the firms are requested to bring to the interview a completed cost data sheet showing the following information for their last ten job bids: original budget, design development estimates, construction documents estimate, low bid, bid range, and change orders resulting from errors and omissions. The final selection score sheet was also modified to establish a specific scoring factor for estimating effectiveness.

Construction Research and Development

The OC research and development program covers architectural and engineering projects in health care building technology. The primary purpose of this program is to improve the quality, safety, cost, and efficiency of VA facilities. The results of these efforts also are incorporated into national building codes and design manuals used throughout the Nation in the public and private sectors.

During FY 1985, projects initiated included the following:

- A study by the National Bureau of Standards on the causes of an unacceptable number of false alarms of installed smoke detectors at VA facilities. Several industry groups also are participating in this effort to make smoke detectors more dependable.

- An installation to test, analyze, and evaluate currently available door hardware products to determine which are the most accessible and safe for spinal cord injury patients.

- The construction of a prototypical layout of an animal room to study the effects of heating, ventilation, and air conditioning systems, cage spacing, animal bedding, etc., on animals used in research.
- Cooperative effort by the National Bureau of Standards, the American Society of Heating, Refrigeration, and Air Conditioning Engineers, Inc., and the VA to conduct a series of full-scale fire tests in a building scheduled for demolition. These tests will evaluate the automatic sprinkler system in controlling the production and flow of smoke.
- The continuation of the study of the VA's standards, specifications, and technical requirements in an effort to reduce the Agency's construction costs.

Construction Status 1985

	Total		Completed		Under Construction		Authorized but not Under Construction	
Description	Number	Estimated Construction Cost (Millions)	Number	Estimated Construction Cost (millions)	Number	Estimated Construction Cost (millions)	Number	Estimated Construction Cost (millions)
Totals*	1.029	$2.900 11	240	$231 75	374	$1.820 70	415	$847 66
Replacement and relocation Hospitals	10	1.256.01	0	0	8	909 02	2	346 99
Modernizations	9	347 84	1	35.86	8	311 98	0	0
Cemeteries	34	23 44	8	3.33	17	5 18	9	14 93
Nursing home care units	25	154 01	11	63.30	9	60 48	5	30 23
Domiciliaries	4	36.43	0	2	2	15 81	2	20 62
Research & Education	19	29 63	2	2 23	7	12 99	10	14 41
Other Improvements	928	1.052.75	218	127 03	323	505 24	387	420 48
Air conditioning	0	0	0	0	0	0	0	0
All other	928	1.052 75	218	127 03	323	505 24	387	420 48

NOTE Totals may not add due to rounding.

Value Engineering

Value engineering is a creative effort to remove anything that adds cost to an item but does not add to the required function. In VA construction programs, value engineering is applied in several ways. During the preparation of preliminary drawings, system studies are made by the OC staff, value engineering consultants, or construction consultants. In a final effort to reduce possible unnecessary costs, the construction contractor is also invited to submit value engineering change proposals through an incentive clause by which the contractor would realize a share of the savings. This provision is included in all construction contracts.

In FY 1985, the OC value engineering efforts were responsible for construction cost savings of $6.6 million. Of this total, $3.2 million savings were achieved at the replacement hospital project in Houston, Texas.

Asbestos Abatement

Prior to the discovery that asbestos poses serious health hazards to human beings, asbestos was a material commonly used in building construction, including VA facilities. In the process of renovating these buildings, the OC ensures that the latest state-of-the-art methods are used to minimize the exposure of patients, employees, visitors, and workers to the airborne asbestos fibers. On every project involving asbestos abatement, the OC retains a certified industrial hygienist to assist during both preliminary and working drawing design. If asbestos removal is necessary, separate working drawings show what must be removed. The industrial hygienist monitors the abatement work during the removal project.

During the past year a movement within the insurance industry to withdraw liability coverage on asbestos-related projects has presented the potential of seriously disrupting the VA's program for upgrading existing health care facilities. Other Federal agencies, state agencies, local school districts, and other groups are also faced with serious problems in meeting their construction goals unless the insurance issue is resolved.

To help achieve an effective solution to the complex problems related to asbestos, the OC is hosting a series of conferences. Representatives from most of the Federal construction agencies, as well as the Environmental Protection Agency, the Occupational Safety and Health Administration, the professional and trade organizations, and the insurance industry attend. Conference discussion topics cover legal, technical, and management aspects of asbestos issues in addition to the insurance issue. The possibility of proposing legislative action to provide relief to designers and contractors is also a topic for discussion.

Set-Aside Program for Socially and Economically Disadvantaged Architect-Engineer Firms

For several years, the OC has awarded construction contracts to small, disadvantaged firms under the SBA (Small Business Act) 8(a) program. In an effort to expand this opportunity to architect-engineer firms, the VA has worked with SBA over an extended period to establish procedures acceptable to both organizations.

During FY 1985, the OC completed the first group of selections of architect-engineer firms to design major construction projects under a set-aside program for the socially and economically disadvantaged businesses approved by the SBA.

This program not only will afford the selected firm the opportunity to develop skills and experience in the medical construction design field, but also will help all applicants gain experiences in the competitive application process.

Historic Preservation

The VA holds one of the larger inventories of historic properties owned by Federal agencies. These range from the first racially integrated Federal facilities (dating back as early as 1870) to the circa 1750's mansion and mill at the VA Medical Center, Perry Point, Maryland. The Carnegie Library at the VA Medical Center, Mountain Home, Tennessee, may be the only Carnegie Library in Federal ownership.

The VA owns 31 properties listed on the National Register of Historic Places. Two nominations are pending at the Department of the Interior, and more than 125 properties have been determined eligible by the Department of the Interior for listing on the National Register.

The National Historic Preservation Act provides that when a property owned by an agency is on or eligible for the National Register, the agency must afford the Advisory Council on Historic Preservation an opportunity to comment on any activity of the agency which may affect the property. Reviews of VA projects during FY 1985 continue to draw complimentary comments from the Advisory Council staff. Several VA architects have developed a subspecialty in historic preservation design. This entails designing a modern architectural building to meet VA functional needs while blending it harmoniously into an existing historic environment. Careful attention must be paid to color, materials, existing design, scale, and massing.

Based upon the historic preservation concerns at the VA Medical Center, Dayton, Ohio, the VA successfully negotiated design modifications to a proposed highway. Both the historic environment and long-term residential patients will benefit from the revised right of way.

The first phase of the archeological survey at the VA Medical Center, Prescott, Arizona, has been completed. Archeological sites identified include the foundations of the 1875 Commanding Officer's quarters and a variety of other structures dating from this period forward. Further evaluation of all important sites will be carried out.

Funds have been obligated for an archeological survey of the site for a new VA outpatient clinic in Los Angeles. There is a major gap in the land use records for an area associated with some of the earliest settlement in the city. The survey will determine whether the VA site can provide some of the missing information.

Major archival quality documentation on the VA medical centers at Sioux Falls, South Dakota, and Lincoln, Nebraska, has been prepared and submitted to the Historic American Building Survey for preservation at the Library of Congress.

ADP Initiatives

The OC relies heavily on ADP (automated data processing) in carrying out its responsibilities. The main ADP applications address three areas: technical, management, and administrative. Some of these ADP applications include: programs that assist the architects and engineers in sophisticated technical analyses such as energy, transport systems, and life cycle costs; a Critical Path Method scheduling and payment system that has been a model for other Government agencies and private industry; a program management information system, including an office-wide data base for the VA construction program; a word processing and office automation system encompassing the entire Office of Construction; and computer-aided design tools to assist in the planning and design of VA facilities.

During the past year, significant strides have been made in the following areas:

- A state-of-the-art office automation capability for OC staff and other offices having oversight responsibility.
- A network of 150 work stations throughout OC as well as other VA offices to provide immediate access to construction project status and activity information. Recently, more than 30 DM&S work stations were provided entry to OC's construction program data base. Using this source capability, the OC network has access to the DM&S project management data base. The intent of current and future program data base expansion is to improve the access to and quality of program information and its effectiveness as a key element in supporting critical program decision-making responsibilities.
- The conversion of the master construction specifications to OC's office-wide word processing system. This initiative will permit the transfer of the specifications to architect-engineer firms through magnetic media. The option is available to all architect-engineer firms.
- Automated word and data processing capabilities for resident engineers located at construction projects throughout the country. This system will be a major assist to the resident engineers who handle a significant administrative workload, including coordinating change order approvals and contract progress payments with Central Office staff.
- The development of the VA's Real Property Information System. This system was initiated in FY 1984 and substantial strides were made in FY 1985 to improve Agency space management accountability. This computer-based system improves reporting requirements for all space assignments and produces updated reports on owned and leased property.

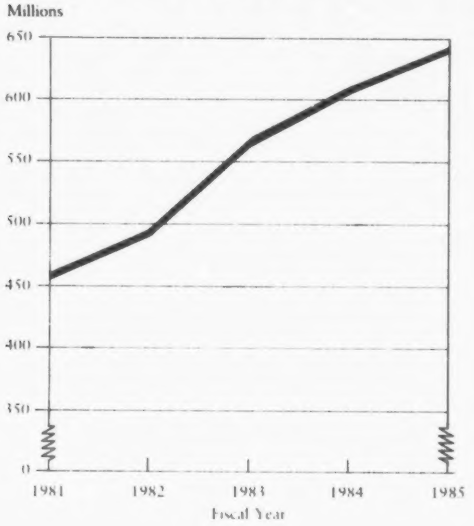
Office of Procurement and Supply

With annual expenditures of over $2.4 billion for supplies and services, the VA has the fourth largest procurement and supply activity in the Federal Government, exceeded in total volume only by the Department of Defense, the National Aeronautics and Space Administration, and the General Services Administration. Drugs, medical supplies and equipment, and other critical patient care items must be procured and distributed to the VA's 172 medical centers and 227 outpatient clinics, which comprise the largest health care delivery system in the free world. Supply support is also provided to 58 regional offices, 109 cemeteries, 5 data processing centers, and various other VA facilities.

The VA Marketing Center in Hines, Illinois, is responsible for the acquisition of medical supplies under the VA Centralized Management System. The use of innovative techniques has resulted in the best possible prices being offered to our customers. Approximately 55 percent of the items stocked by the supply fund were purchased centrally at volume discount, achieving savings of $126 million for national contracts which are used by the medical centers and other Government agencies to realize further savings. In total, the Marketing Center participated in procurements of over one billion dollars, resulting in annual savings of $413 million to the VA and to the other Federal agencies it services.

The OPS (Office of Procurement and Supply) manages the operation of a self-sustaining revolving supply fund that finances both depot and medical center inventories. It also finances direct delivery purchases, the cost of the three depots, and one marketing center. In FY 1985 these operating costs were less than four percent of the fund's total obligations. Supply fund sales in FY 1985 were $642 million. Yearly sales from fiscal years 1980 through 1985 are shown on the table.

SUPPLY FUND SALES



The VA's equipment assets increased over 12 percent in FY 1985 to $2.2 billion. This increase in acquisition value of $245 million reflects continued requirements for state-of-the-art equipment and activation of new facilities.

The VA remains a leader among Government agencies in the reclamation of precious metals, second only to the Department of Defense. Through an effective recovery program, the VA saves money and conserves valuable natural resources. Silver is reclaimed from x-ray processing solutions and scrap medical x-ray film from all VA medical centers. In addition, gold and other precious metals are collected from VA dental clinics and laboratories. FY 1985 was another year successful in recovering silver, gold, and scrap x-ray film. At current market prices, the total value of these materials recovered over is $1.88 million. However, there were no sales of precious metals during FY 1985 due to their low market value. As in the past, proceeds from future sales will be placed in the supply fund to reduce the cost of supplies purchased by the medical centers.

The Shared Procurement Program has resulted in a combined VA/DOD and PHS (Public Health Service) cumulative savings/cost containment of $84.8 million through joint usage of 365 contracts for $401.2 million for purchasing drugs and medical supplies. The main objectives of this program have been to eliminate duplication of contracting effort, utilize consolidated contracts, and eliminate multiple product descriptions for identical items. These objectives are being accomplished by an interagency task group which was established to maintain

VA Equipment Assets
September 30, 1985

Equipment on Hand	Value Percent of Total	(Millions)
X ray	21.9	$492
Medical, surgical, dental, and optical	19.0	428
Lab	15.8	354
Hospital furnishings and equipment	8.7	195
ADP equipment	8.4	188
Communications	5.4	122
Dietetic, housekeeping, and laundry	5.2	116
Office machines	4.8	107
Motor vehicles, tractors, material handling, and firefighting	2.7	61
Refrigeration	1.1	25
Furniture	.9	20
Musical instruments, recreational, and athletic equipment	.9	20
Maintenance and repair tools and hardware	.3	7
All other	4.9	112
TOTAL	100.0	2,247

the shared procurement effort. The chairperson of this task group is the VA Director, OPS. Expansion of the program to include consolidated contracting for medical equipment is in process.

During FY 1985, the OPS processed 2,692 lists for equipment and supplies in support of ongoing construction projects. The dollar value of approved requests was $174,312,343. This represents a 13-percent increase in volume of listings and a 16-percent increase in dollar value. The cost avoidances equaled $38,804,177, a 19-percent increase over FY 1984.

In July 1984, in response to a Congressional mandate, the VA undertook a project to evaluate the use of commercially available hospital information systems. The purpose of the IHS (Integrated Hospital System) project is to test commercial integrated hospital systems at a large, medium, and small VA medical facility. The proposed IHS will provide, at a minimum, automated support of patient registration, admission/discharge/transfer, medical record tracking, clinic scheduling, pharmacy, and the clinical laboratory, with ad hoc and routine management reporting functions provided for each area. Contracts were awarded in August 1984, and are now in the second year of implementation. The VA also contracted for assistance in monitoring the installation and implementation of the systems. The contractors are installing their base commercial system and will then tailor the system to meet unique VA requirements. If the contracts are extended for a 10-year system life, including all options, the total system life (10-year) cost for these three sites will be approximately $57,000,000.

During the first nine months of a ten-year contract with Wang Laboratories, Inc., the Agency procured nearly $15 million worth of equipment to better serve our veterans through automation. Data processing systems geared towards the office environment have been procured by all VA departments and staff offices to meet their automation needs. Major systems have been acquired by the Office of Data Management and Telecommunications, Department of Veterans Benefits, Office of Budget and Finance (Controller), Department of Medicine and Surgery, and Board of Veterans Appeals.

The OPS has awarded 14 contracts for the Department of Medicine and Surgery's DHCP (Decentralized Hospital Computer Program). This program was initiated to provide data processing support for key operational functions in VA medical centers with a single VA patient data base which can be accessed by all. These systems include central processing units, printers, terminals, video display terminals, and communication devices. The original systems have been expanded through the execution of contractual options to allow for additional and improved processing capacity. All of the contracts associated with the DHCP have a seven-year systems life with options for maintenance service after the warranty period expires. The administration of centralized procurements is a complex process requiring major efforts by both OPS and all field stations involved. Contractual support for this program will continue throughout the life of the contracts.

In January 1984, the OPS assumed responsibility from GSA for administering contracts associated with the VADATS (VA Data Transmission System). The VADATS telecommunication network supports more than 23 subsystems, which affect virtually every VA employee and veteran in some way. In addition to meeting the VA's needs, the network supports 22 other Government agencies. The OPS has responsibility for procurement of a replacement network called the VA IDCU (Integrated Data Communications Utility). Procurement of this network has begun with a contract for the development of the specifications for the solicitation. This replacement network is expected to be completed in 1987.

The OPS recently awarded seven contracts to provide a ''pool'' of contractors to perform management studies and analyses. The VA is one of the first Government agencies to use this innovative approach to contracting. The contracts, which are for one year with two one-year renewal options, shorten the procurement turnaround time from approximately six months to six weeks. The President's Reform '88 initiatives have generated a need for reviewing and commenting on many proposed management changes in a timely manner and were the impetus for this contracting action. Requirements are met by issuing task orders for studies such as Resource Systems, Personnel and Administrative Systems Information Management, and Program Evaluation. In keeping with the President's Management Improvement Program, consideration is being given to make these contracts available to other Government agencies on a controlled basis. After lengthy negotiations the seven contractors were selected from more than 60 offerors.

Office of Small and Disadvantaged Business Utilization

The OSDBU (Office of Small and Disadvantaged Business Utilization) is the Agency's advocate for the participation of small businesses, disadvantaged (minority) businesses, labor surplus area concerns, and women-owned small businesses in VA contracts and subcontracts.

The office provides support and assistance in stimulating and coordinating VA programs for small and disadvantaged businesses as directed by statutes, executive orders, and applicable regulations establishing preferential procurement programs. The office ascertains the effectiveness of current policy, procedures, and plans for application throughout the VA in promoting these programs, and advises and assists procurement activities in identifying suppliers.

The office has responsibility for the VA's new program for increasing awareness of VA contracting opportunities among small business owners who are Vietnam era veterans or disabled veterans. Under this program, VA procurement activities throughout the country engage in active outreach activities to locate veteran-owned firms and to keep them informed of upcoming contracting opportunities. In FY 1985, this requirement was incorporated in the Veterans Administration Acquisition Regulation, and the Standard Form 129, Mailing List Application, was revised to permit Vietnam era and disabled veteran-owned businesses to identify their ownership status.

The pilot program for 8(a) architect-engineer procurements was developed to promote participation by minority 8(a) certified architect-engineer firms in VA contracts for design services. Architect-engineer services constitute a professional service industry in which minority firms traditionally have had limited involvement. Under this program, the first of its kind in a Federal agency, selected medical facility design contracts for major VA construction projects are reserved for competition among minority 8(a) certified architect-engineer companies. In order to extend the initial pilot program and increase contracting opportunities for 8(a) architect-engineer firms, two major construction projects were selected for advance planning and design by 8(a) firms in FY 1985. Including these projects, a total of seven major construction design projects have been set aside for this innovative program. Also, this pilot program is being replicated in the minor construction design program at VA medical facilities in eleven states.

The OSDBU is involved in developing subcontracting goals for presolicitation notices issued on major construction projects.

This notice recommends goal levels for small and disadvantaged business subcontracting by potential bidders or offerers. Subcontracting plans are reviewed by the OSDBU and recommendations are made to the appropriate contracting officer. The office has also established monitoring procedures for VA contractors' subcontracting plans for major construction projects. Quarterly and semi-annual reports submitted by prime contractors are reviewed and contracting officers are notified if remedial action is indicated.

In an effort to improve processing of 8(a) contracts, an MOU (Memorandum of Understanding) between the VA and the SBA (Small Business Administration) is being developed. An information letter was distributed to all medical facilities in order to identify 8(a) areas of concern to be addressed by the MOU. The MOU is expected to significantly improve execution of 8(a) contracts.

Statistical Appendix

	Page No.	Table No.	
Veteran Population	161	1	Estimated Number, State, Period of Service
	162	2	Estimated Number, Regional Office, Period of Service
	163	3	Estimated Age, Period of Service
Health Care	164	4	Hospital and Extended Care: Average Daily Census
	164	5	Hospital and Extended Care: Admissions
	164	6	Hospital and Extended Care: Average Operating Beds
	165	7	Hospital and Extended Care: Patients Remaining (On Rolls) at End of Period
	165	8	Hospital and Extended Care: Total Discharges
	165	9	Hospital and Extended Care: Patients Treated
	166	10	Inpatient and Ambulatory Care: Program Summary
	172	11	Actions on Applications for Medical Care
	172	12	Total Health Care: Obligations by Program and Appropriation
	173	13	VA and Non-VA Facilities: Average Obligations
Inpatient Care	174	14	VA Medical Centers-Hospital Care Component, Non-VA (Contract), and State Home Hospitals: Admissions, Discharges and Deaths, and Remaining by Type of Hospital and Bed Section
	175	15	VA Medical Centers-Hospital Care Component and Non-VA Hospitals: Patient Movement by Type of Bed Section and by Type of Hospital
	176	16	VA Medical Centers-Hospital Care Component: Selected Data
	179	17	Non-VA Hospitals: Selected Data
	181	18	VA Medical Centers-Hospital Care Component: Patients Remaining, Type of Patient, Percent Hospitalized in Reported State of Residence-September 30, 1985
	182	19	VA Medical Centers-Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group-September 30, 1985
	186	20	VA Medical Centers-Hospital Care Component: Patients Remaining, Percent by Attained Stay, Diagnostic Group-September 30, 1985
	187	21	VA Medical Centers-Hospital Care Component: Patients Remaining, Age, Diagnostic Group - September 30, 1985
	188	22	VA Medical Centers-Hospital Care Component: Patients Remaining, Age, by State-September 30, 1985
	191	23	VA Medical Centers-Hospital Care Component: Patients Discharged, Disposition, Diagnostic Group

Statistical Appendix—*Continued*

	Page No.	Table No.	
	192	24	VA Medical Centers-Hospital Care Component: Diagnostic Group by Age - Patients Discharged - Fiscal Year 1985
	196	25	VA Medical Centers-Hospital Care Component: Patients Discharged, Type of Patient, Age, Length of Stay
	198	26	VA Medical Centers-Hospital Care Component: Patients Discharged, Age, Marital Status, Diagnostic Group
	199	27	VA Medical Centers-Hospital Care Component: Patients Remaining, Compensation and Pension Status, Type of Patient, Age-September 30, 1985
	200	28	VA Medical Centers-Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Age
	201	29	VA Medical Centers-Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Sex
	202	30	VA Medical Centers-Hospital Care Component: Patients Discharged, Type of Patient, Percent Hospitalized in Reported State of Residence
	203	31	VA Medical Centers-Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay
	208	32	VA Medical Centers-Hospital Care Component: Patients Discharged, Diagnostic Group, Period of Service
	209	33	Surgical Procedures Performed in VA Medical Centers-Hospital Care Component by Hospital Affiliation
	211	34	Operating Costs of VA Inpatient Facilities
Extended Care	211	35	VA Nursing Homes, Community Nursing Homes, and Domiciliaries: Patient Movement
	212	36	State Home Hospitals, State Nursing Homes, and State Domiciliary Homes: Patient Movement
	212	37	VA Medical Centers-Domiciliary Care Component: Selected Data
	213	38	VA Medical Centers-Nursing Home Care Component: Selected Data
	215	39	Community Nursing Homes: Selected Data
	218	40	State Domiciliary Homes: Selected Data
	218	41	State Home Hospitals: Selected Data
	219	42	State Nursing Care Homes: Selected Data
Ambulatory Care	220	43	Outpatient Medical Program: Visits to VA Staff and Private Physicians on a Fee-for-Service Basis
Pharmacy	220	44	Pharmacy Activity
Construction	221	45	Replacement and Relocation Hospital Construction Projects
	221	46	Modernization Construction Projects
	222	47	Nursing Home Care Units Construction Projects
	222	48	Research and Education Construction Projects
	223	49	Other Improvement Construction Projects
	229	50	National Cemetery Projects
	230	51	Domiciliary Construction Projects

Statistical Appendix—*Continued*

	Page No.	Table No.	
Guardianship and Veterans Assistance	231	52	Incompetent and Minor Beneficiaries Served
National Cemetery System	232	53	National Cemeteries: Location, Interments, and Status of Gravesites
Compensation and Pension	234	54	Disability, Death: Number of Cases, Expenditures by Period of Service
	235	55	Disability Cases: by Age Group, by Period-of Service
	236	56	Reasons for Termination of Disability and Death Awards, by Period of Service
	237	57	Veterans Receiving Disability Compensation or Pension Compared with Estimated Veteran Population by Period of Service
	237	58	Veterans Receiving Disability Compensation, Pension and/or Retirement Compared with Estimated Veteran Population by Geographic Area of Residence
	237	59	Death Benefit Cases (Compensation, Dependency and Indemnity Compensation or Pension) Compared to the Number of Deceased Veterans Who Participated in Each Period of Service
Compensation	238	60	Disability: Class of Dependent, Period of Service
	239	61	Death: Class of Beneficiary, Period of Service
	240	62	Disability: Degree of Impairment, Type of Major Disability, Period of Service
Pension	242	63	Disability: Type of Major Disability and Pension by Period of Service
	242	64	Death: Class of Beneficiary, Period of Service
Educational Assistance	243	65	Persons in Training by Program and Period of Service During Last Five Fiscal Years
Housing Assistance	244	66	Guaranteed or Insured Loans, Direct Loans, and Property Management
Insurance	244	67	VA Administered Insurance Programs—Assets and Liabilities—Fiscal Year 1985
	245	68	Summary of Operations (Accrual Basis)
	245	69	Insurance in Force—Fiscal Year 1985
	246	70	Servicemen's and Veterans Group Life Insurance Statement of Operations (Accrual Basis)
Employment	246	71	Employment: Full, Part-time, and Intermittent by Facility Type
	246	72	Employment: Full, Part-time, and Intermittent by Pay System
	247	73	Employment: Sex and Veteran Preference
	247	74	Employment: Minority Groups by Grade, Full-time and Part-time with Permanent Appointments
	247	75	Employment of Women by Pay Category—Full-time, Part-time, and Intermittent
	248	76	Employment of Handicapped Individuals with Targeted Disability by Pay Category
Fiscal	249	77	Appropriations, Expenditures, and Balances - Cash Basis

Statistical Appendix—*Continued*

Page No.	Table No.	
250	78	Comparative Consolidated Balance Sheet
251	79	Supply Fund Comparative Balance Sheet
251	80	Supply Fund-Statement of Income and Expense
252	81	Gross Expenditures
254	82	Estimated Selected Expenditures by State

Estimated Number of Veterans Living in the U.S. and Puerto Rico, by State and Period of Service – September 30, 1985

(In Thousands)

State	Total Veterans	Veterans per 1,000 Civilian Population[1]	Wartime Veterans							Peacetime Veterans			
			Total[2]	Vietnam Era		Korean Conflict		World War II[4]	World War I	Total	Post-Vietnam Era[5]	Service Between Korean Conflict and Vietnam Era Only	Other Peacetime[6]
				Total[3]	No Service in Korean Conflict	Total[3 4]	No Service in World War II						
Total	27,839≈	(X)	22,416≈	8,271	7,634	5,171	4,174	10,399	208	5,423	2,007	3,022	394
State Total	27,711	118.2	22,316	8,234	7,599	5,135	4,141	10,369	208	5,395	1,992	3,010	393
Alabama	412	104.0	332	123	109	87	68	152	3	80	28	44	7
Alaska	67	140.8	53	31	29	11	9	14	*	14	6	8	*
Arizona	399	131.9	324	126	110	75	54	157	3	75	32	38	5
Arkansas	267	114.2	213	79	71	48	37	103	2	54	22	28	4
California	2,918	115.2	2,376	917	830	593	439	1,087	21	541	180	314	47
Colorado	400	127.6	320	152	137	77	59	122	2	79	31	44	4
Connecticut	402	128.1	328	104	99	76	64	162	3	74	22	47	5
Delaware	78	128.5	63	23	21	14	11	29	*	16	6	8	1
District of Columbia	60	97.4	49	16	14	13	10	25	1	11	4	6	1
Florida	1,449	133.2	1,200	397	333	282	192	653	16	250	98	123	28
Georgia	646	112.1	509	227	202	124	95	209	3	137	58	69	10
Hawaii	102	104.0	82	38	32	21	16	34	*	20	8	11	1
Idaho	117	117.6	94	39	36	20	17	40	1	24	9	14	1
Illinois	1,292	112.7	1,039	350	340	227	199	490	10	253	84	151	18
Indiana	658	119.8	514	190	183	115	101	225	5	144	59	77	8
Iowa	342	117.6	277	102	99	61	54	120	4	65	25	36	4
Kansas	292	121.1	239	89	83	53	44	110	3	53	19	31	3
Kentucky	378	102.5	306	113	105	69	59	139	3	72	25	41	6
Louisiana	439	99.1	349	138	127	78	62	158	3	90	36	47	7
Maine	154	134.2	124	47	43	28	23	57	1	29	12	16	1
Maryland	538	125.2	431	165	149	108	83	196	3	107	38	61	7
Massachusetts	703	121.6	573	173	165	129	107	296	6	129	44	77	8
Michigan	1,049	115.7	827	311	303	176	158	359	7	222	88	120	13
Minnesota	504	121.2	403	156	152	89	78	168	5	101	35	61	5
Mississippi	237	92.1	190	66	58	47	37	93	2	47	18	24	5
Missouri	640	128.3	514	185	174	120	99	236	5	125	48	69	9
Montana	107	130.5	86	36	34	18	15	36	1	21	8	12	1
Nebraska	189	118.7	153	57	53	36	31	66	2	37	13	21	2
Nevada	136	151.2	109	46	40	29	21	47	*	27	9	16	2
New Hampshire	139	143.0	111	45	41	26	21	48	1	28	11	16	1
New Jersey	907	121.1	737	214	204	168	144	382	7	171	51	106	14
New Mexico	169	120.2	136	58	52	32	24	59	1	33	15	16	2
New York	1,912	108.0	1,541	449	438	334	296	792	16	370	129	211	30
North Carolina	681	112.4	547	208	187	128	105	253	4	133	53	69	11
North Dakota	73	108.1	57	24	23	12	11	22	1	15	6	9	1
Ohio	1,330	123.9	1,060	369	357	225	197	497	9	270	105	148	17
Oklahoma	401	122.9	327	134	122	75	58	144	4	74	27	41	6
Oregon	360	134.8	292	120	114	60	48	127	4	68	23	40	4
Pennsylvania	1,555	130.8	1,260	389	374	270	231	645	11	295	99	174	21
Rhode Island	123	128.6	102	33	30	23	18	52	1	21	8	12	2
South Carolina	351	108.7	281	118	102	70	53	125	2	70	28	36	6
South Dakota	80	114.5	64	23	21	16	14	27	1	16	6	9	1
Tennessee	529	112.7	423	166	153	95	78	188	3	106	41	56	9
Texas	1,772	111.8	1,415	613	551	327	250	604	10	357	144	188	26
Utah	155	94.2	126	52	49	28	23	53	1	29	10	17	1
Vermont	64	120.8	50	19	18	11	9	21	1	14	6	7	1
Virginia	677	123.8	541	230	192	147	104	241	4	135	55	70	10
Washington	599	139.6	483	217	194	116	85	200	4	116	42	67	7
West Virginia	230	117.8	186	67	62	40	33	89	2	44	16	24	4
Wisconsin	569	119.4	445	167	162	96	85	193	5	124	45	72	6
Wyoming	61	120.4	49	23	22	10	9	18	*	12	4	7	*
Puerto Rico	128	(X)	100	37	35	36	33	31	1	28	15	12	1

NOTE Excluded are 319,000 veterans whose only active military service occurred since September 8, 1980, and who failed to satisfy the minimum service requirement. Also excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only. Detail may not add to total shown due to rounding.

[1] *Based on provisional estimates of the total civilian population for July 1, 1984, provided by the U.S. Department of Commerce, Bureau of the Census.*

[2] *Veterans who served in both World War II and the Korean conflict, or in both the Korean conflict and the Vietnam era, are counted only once.*

[3] *Includes 637 (thousand) who served in both the Korean conflict and the Vietnam era.*

[4] *Includes 997 (thousand) who served in both World War II and the Korean conflict.*

[5] *Service only after May 7, 1975.*

[6] *Includes those who served only between World War I and World War II, and those who served only between World War II and the Korean conflict.*

≈There are also 12 living Spanish-American War veterans and 75 living Mexican Border period veterans.

**Less than 0.5 (thousand).*

X-Not applicable.

Estimated Number of Veterans Living in the U.S. and Puerto Rico, by Regional Office and Period of Service – September 30, 1985

(In Thousands)

Regional Office		Total Veterans	Wartime Veterans							Peacetime Veterans			
			Total [1]	Vietnam Era		Korean Conflict		World War II [3]	World War I	Total	Post-Vietnam Era [4]	Service Between Korean Conflict and Vietnam Era Only	Other Peacetime [5]
				Total [2]	No Service in Korean Conflict	Total [2,3]	No Service in World War II						
Total		27,839≠	22,416≠	8,271	7,634	5,171	4,174	10,399	208	5,423	2,007	3,022	394
Alabama	Montgomery	412	332	123	109	87	68	152	3	80	28	44	7
Alaska	Anchorage	67	53	31	29	11	9	14	*	14	6	8	*
Arizona	Phoenix	399	324	126	110	75	54	157	3	75	32	38	5
Arkansas	Little Rock	271	216	81	72	49	37	105	3	55	22	28	4
California	Los Angeles	1,361	1,109	422	380	286	213	505	9	253	83	149	22
	San Diego	363	296	112	101	69	49	142	3	67	25	36	6
	San Francisco	1,187	967	381	346	237	175	437	9	220	73	129	19
Colorado	Denver	400	320	152	137	77	59	122	2	79	31	44	4
Connecticut	Hartford	402	328	104	99	76	64	162	3	74	22	47	5
Delaware	Wilmington	78	63	23	21	14	11	29	*	16	6	8	1
District of Columbia	Washington	374	302	118	103	79	59	138	2	72	24	42	5
Florida	St. Petersburg	1,449	1,200	397	333	282	192	659	16	250	98	123	28
Georgia	Atlanta	646	509	227	202	124	95	209	3	137	58	69	10
Hawaii	Honolulu	102	82	38	32	21	16	34	*	20	8	11	1
Idaho	Boise	117	94	39	36	20	17	40	1	24	9	14	1
Illinois	Chicago	1,292	1,039	350	340	227	199	490	10	253	84	151	18
Indiana	Indianapolis	658	514	190	183	115	101	225	5	144	59	77	8
Iowa	Des Moines	342	277	102	99	61	54	120	4	65	25	36	4
Kansas	Wichita	292	239	89	83	53	44	110	3	53	19	31	3
Kentucky	Louisville	378	306	113	105	69	59	139	3	72	25	41	6
Louisiana	New Orleans	439	349	138	127	78	62	158	3	90	36	47	7
Maine	Togus	154	124	47	43	28	23	57	1	29	12	16	1
Maryland	Baltimore	371	298	114	103	74	57	136	2	73	27	40	5
Massachusetts	Boston	619	505	153	145	115	95	259	5	115	39	68	7
Michigan	Detroit	1,049	827	311	303	176	158	359	7	222	88	120	13
Minnesota	St. Paul	474	380	148	144	84	74	158	5	95	33	58	5
Mississippi	Jackson	237	190	66	58	47	37	93	2	47	18	24	5
Missouri	St. Louis	640	514	185	174	120	99	236	5	125	48	69	9
Montana	Ft. Harrison	107	86	36	34	18	15	36	1	21	8	12	1
Nebraska	Lincoln	189	153	57	53	36	31	66	2	37	13	21	2
Nevada	Reno	141	114	48	42	30	22	49	*	28	9	17	2
New Hampshire	Manchester	139	111	45	41	26	21	48	1	28	11	16	1
New Jersey	Newark	907	737	214	204	168	144	382	7	171	51	106	14
New Mexico	Albuquerque	169	136	58	52	32	24	59	1	33	15	16	2
New York	Buffalo	524	413	134	131	91	81	196	4	111	45	59	8
	New York	1,388	1,129	315	307	243	215	596	12	259	85	152	23
North Carolina	Winston-Salem	681	547	208	187	128	105	253	4	133	53	69	11
North Dakota	Fargo	102	81	32	31	18	16	33	1	21	8	13	1
Ohio	Cleveland	1,330	1,060	369	357	225	197	497	9	270	105	148	17
Oklahoma	Muskogee	401	327	134	122	75	58	144	4	74	27	41	6
Oregon	Portland	360	292	120	114	60	48	127	4	68	24	40	4
Pennsylvania	Philadelphia	991	803	249	239	171	147	410	7	188	62	112	13
	Pittsburgh	588	477	146	141	103	88	245	4	111	39	64	8
Puerto Rico	San Juan[6]	128	100	37	35	36	33	31	1	28	15	12	1
Rhode Island	Providence	206	170	53	50	38	30	89	2	36	12	20	3
South Carolina	Columbia	351	281	118	102	70	53	125	2	70	28	36	6
South Dakota	Sioux Falls	80	64	23	21	16	14	27	1	16	6	9	1
Tennessee	Nashville	529	423	166	153	95	78	188	3	106	41	56	9
Texas	Houston	810	647	288	260	148	113	270	4	163	66	85	11
	Waco	958	765	324	290	178	136	333	6	193	77	102	14
Utah	Salt Lake City	155	126	52	49	28	23	53	1	28	10	17	1
Vermont	White River Junction	64	50	19	18	11	9	21	1	14	6	7	1
Virginia	Roanoke	530	422	179	150	115	81	188	3	108	46	54	8
Washington	Seattle	599	483	217	194	116	85	200	4	116	42	67	7
West Virginia	Huntington	206	167	60	56	35	30	79	2	40	15	21	3
Wisconsin	Milwaukee	569	445	167	162	96	85	193	5	124	45	72	6
Wyoming	Cheyenne	61	49	23	22	10	9	18	*	12	4	7	*

Refer to footnotes [1] through [5] at the end of the table titled "Estimated Number of Veterans Living in the U.S. and Puerto Rico, by Age and Period of Service."

[6] Includes veterans living in Puerto Rico only.

≠There are also 12 living Spanish-American War veterans and 75 living Mexican Border period veterans.

**Less than 0.5 (thousands).*

NOTE: Excluded are 319,000 veterans whose only active duty military service occurred since September 8, 1980, and who failed to satisfy the minimum service requirement. Also excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only. Detail may not add to total shown due to rounding.

TABLE 3

Estimated Number of Veterans Living in the U.S. and Puerto Rico, by Age and Period of Service – September 30, 1985

(In Thousands)

Age	Total Veterans	Wartime Veterans							Peacetime Veterans			
		Total [1]	Vietnam Era		Korean Conflict		World War II [3]	World War I	Total	Post-Vietnam Era [4]	Service Between Korean Conflict and Vietnam Era Only	Other Peacetime [5]
			Total [2]	No Service in Korean Conflict	Total [2 3]	No Service in World War II						
All Ages	27,839#	22,416#	8,271	7,634	5,171	4,174	10,399	208	5,423	2,007	3,022	394
Under 20 years	*	......	......	......	......	......	......	......	*	*	......	......
20-24 years	387	......	......	......	......	......	......	......	387	387	......	......
25-29 years	1,343	276	276	276	......	......	......	......	1,067	1,067	......	......
30-34 years	1,839	1,438	1,438	1,438	......	......	......	......	401	401	......	......
35-39 years	3,485	3,358	3,358	3,358	......	......	......	......	127	91	36	......
40-44 years	2,689	1,939	1,939	1,939	......	......	......	......	750	29	721	......
45-49 years	2,458	841	543	495	346	346	......	......	1,617	19	1,597	......
50-54 years	3,133	2,459	299	94	2,340	2,327	37	......	674	9	602	63
55-59 years	3,587	3,444	216	25	1,722	1,398	2,021	......	143	2	49	92
60-64 years	3,880	3,834	114	7	406	65	3,762	......	46	*	8	38
65-69 years	2,724	2,681	62	2	222	20	2,659	......	43	......	4	39
70-74 years	1,260	1,207	19	*	86	10	1,196	......	54	......	2	51
75-79 years	600	549	6	*	35	5	543	......	51	......	1	50
80-84 years	207	164	2	......	12	2	142	20	43	......	1	42
85 years and over	249	228	1	......	3	1	39	188	21	......	*	20
Median age[6]	52.9	56.4	38.7	38.3	54.8	54.0	64.2	89.0	44.9	27.8	47.3	65.7

NOTE: Excluded are 319,000 veterans whose only active military service occurred since September 8, 1980, and who failed to satisfy the minimum service requirement. Also excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only. Detail may not add to total shown due to rounding.

[1] *Veterans who served in both World War II and the Korean conflict, or in both the Korean conflict and the Vietnam era, are counted only once.*

[2] *Includes 637 (thousand) who served in both the Korean conflict and the Vietnam era.*

[3] *Includes 997 (thousand) who served in both World War II and the Korean conflict.*

[4] *Service only after May 7, 1975.*

[5] *Includes those who served only between World War I and World War II, and those who served only between World War II and the Korean conflict.*

[6] *Computed from data by single year of age.*

#There are also 12 living Spanish-American War veterans and 75 living Mexican Border period veterans.

**Less than 0.5 (thousand).*

HEALTH CARE **TABLE 4**

Hospital and Extended Care: Average Daily Census[1]
Fiscal Years 1976–1985

Fiscal Years	Total	Hospitals				Extended Care							
						Domiciliaries			Nursing Homes				
		Total	VA Medical Centers—Hospital Care Component[2]	Non-VA	State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
1985 . . .	99,916	60,756	59,310	948	498	10,314	5,979	4,334	28,846	9,556	11,444	7,846
1984 . . .	102,359	64,586	63,086	986	514	10,637	6,236	4,401	27,136	9,060	10,609	7,467
1983 . . .	103,955	66,634	64,992	1,101	541	11,341	6,852	4,489	25,980	8,849	10,212	6,919
1982 . . .	102,601	66,582	64,894	1,108	580	11,580	7,087	4,493	24,439	8,486	9.525	6,428
1981 . . .	102,751	68,479	66,376	1,222	881	11,925	7,353	4,572	22,347	8,145	8,348	5,855
1980 . . .	105,085	70,251	68,109	1,213	929	12,786	7,894	4,892	22,048	7,933	8,529	5,586
1979 . . .	106,816	71,983	69,821	1,182	980	13,744	8,448	5,296	21,089	7,760	8,126	5,203
1978 . . .	109,769	75,390	73,008	1,378	1,004	13,957	8,721	5,236	20,422	7,480	7,997	4,945
1977 . . .	111,164	77,671	75,285	1,344	1,042	14,214	8,933	5,281	19,279	7,166	7,507	4,606
1976 . . .	113,055	80,519	78,264	1,233	1,022	14,652	9,090	5,562	17,884	6,993	6,646	4,245

[1] *Fiscal year averages based on total patient bed days during year divided by the number of days in year.*

[2] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there was an average daily patient census of 673 with one day duration of stay during FY 1985.*

HEALTH CARE **TABLE 5**

Hospital and Extended Care: Admissions[1]
Fiscal Years 1976–1985

Fiscal Years	Total	Hospitals				Extended Care						
						Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component[2]	Non-VA	State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
1985 . . .	1,339,140	1,283,399	1,249,374	30,535	3,490	10,548	6,448	4,100	45,193	10,844	28,487	5,862
1984 . . .	1,312,710	1,263,347	1,230,058	29,411	3,878	10,125	5,995	4,130	39,247	8,056	25,614	5,577
1983 . . .	1,297,666	1,249,690	1,216,348	29,079	4,263	10,846	6,378	4,468	37,130	7,520	23,923	5,687
1982 . . .	1,255,753	1,210,828	1,178,421	28,370	4,037	10,876	6,491	4,385	34,049	6,530	22,635	4,884
1981 . . .	1,258,648	1,217,342	1,183,458	29,397	4,487	11,142	6,571	4,571	30,164	5,368	20,265	4,531
1980 . . .	1,256,186	1,216,367	1,182,603	28,760	5,004	10,746	6,115	4,631	29,073	4,666	19,610	4,797
1979 . . .	1,236,987	1,196,169	1,162,566	28,403	5,200	12,278	6,920	5,358	28,540	4,428	19,925	4,187
1978 . . .	1,233,818	1,193,613	1,157,787	30,369	5,457	12,382	7,230	5,152	27,823	4,157	19,314	4,352
1977 . . .	1,211,029	1,170,563	1,133,380	31,449	5,734	12,998	7,755	5,243	27,468	3,966	19,340	4,162
1976 . . .	1,175,148	1,136,285	1,102,271	28,238	5,776	14,134	8,169	5,965	24,729	4,023	16,553	4,153

[1] *Interhospital transfer data are excluded.*

[2] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there were 245,474 admissions for one day duration of stay during FY 1985.*

HEALTH CARE **TABLE 6**

Hospital and Extended Care: Average Operating Beds[1]
Fiscal Years 1976–1985

Fiscal Years	Total	VA Hospitals				Extended Care	
		Total	Bed Section			VA Domiciliaries	VA Nursing Homes
			Medical	Surgical	Psychiatric		
1985	96,218	78,357	39,339	15,952	23,066	7,462	10,399
1984	96,797	79,214	39,233	16,292	23,689	7,882	9,701
1983	97,474	79,859	39,578	16,517	23,764	8,201	9,414
1982	97,556	80,154	39,539	16,866	23,748	8,277	9,125
1981	99,169	82,079	40,501	17,533	24,045	8,390	8,700
1980	101,740	84,129	41,203	18,040	24,886	9,217	8,394
1979	105,469	87,713	42,772	18,542	26,402	9,389	8,357
1978	108,891	91,215	44,372	19,175	27,669	9,792	7,884
1977	109,906	92,401	44,583	19,618	28,200	9,946	7,559
1976	111,574	94,075	44,943	19,854	29,278	10,101	7,398

[1] *Fiscal year average for fiscal year 1976 is based on the number of operating beds at the end of each month for 13 consecutive months, beginning with June of the prior year and ending with June of the indicated fiscal year. Beginning with fiscal year 1977 averages are based on the number of operating beds at the end of each month for 13 consecutive months, beginning with September of the prior year and ending with September of the indicated fiscal year.*

TABLE 7

Hospital and Extended Care: Patients Remaining (On Rolls) At End of Period[1] – Fiscal Years 1976–1985

Fiscal Years	Total	Hospitals								Extended Care						
										Domiciliaries			Nursing Homes			
		Total	VA Medical Centers–Hospital Care Component			Non-VA			State	Total	VA Medical Centers–Domiciliary Care Component	State	Total	VA Medical Centers–Nursing Home Care Component	Community	State
			Total	Bed Occupants	ABO[2]	Total	Bed Occupants	ABO[2]								
1985	100,272	58,736	57,485	57,093	392	736	734	2	515	10,667	6,313	4,354	30,869	10,634	12,257	7,978
1984	100,654	61,178	59,902	59,388	514	772	768	4	504	10,976	6,607	4,369	28,500	9,586	11,180	7,734
1983	103,190	64,623	63,345	62,539	806	760	757	3	518	11,352	7,017	4,335	27,215	9,260	10,563	7,392
1982	106,319	67,810	66,345	65,633	712	862	859	3	603	12,258	7,720	4,538	26,251	9,069	10,582	6,600
1981	104,617	67,837	66,118	65,420	698	827	824	3	892	12,573	8,063	4,510	24,207	8,641	9,492	6,074
1980	105,842	70,519	68,626	67,862	764	999	996	3	894	12,997	8,306	4,691	22,326	8,289	8,330	5,707
1979	106,350	69,828	67,897	66,914	983	945	923	22	986	14,245	9,061	5,184	22,277	8,093	8,836	5,348
1978	108,530	72,284	70,134	69,062	1,072	1,165	1,163	2	985	14,858	9,595	5,263	21,388	7,893	8,336	5,159
1977	111,267	75,271	73,116	72,010	1,106	1,138	1,123	15	1,017	15,282	9,902	5,380	20,714	7,603	8,310	4,801
1976	112,114	77,750	75,786	74,413	1,373	957	942	15	1,007	15,317	10,120	5,197	19,047	7,419	7,196	4,432

[1] *Patients remaining (on rolls) on June 30, 1976, and September 30, thereafter.*

[2] *Denotes absent bed occupants, i.e., patients on authorized absence.*

TABLE 8

Hospital and Extended Care: Total Discharges[1] Fiscal Years 1976–1985

Fiscal Years	Total	Hospitals				Extended Care						
						Domiciliaries			Nursing Homes			
		Total	VA Medical Centers–Hospital Care Component[2] [3]	Non-VA	State	Total	VA Medical Centers–Domiciliary Care Component	State	Total	VA Medical Centers–Nursing Home Care Component	Community	State
1985	1,335,183	1,282,264	1,248,217	30,571	3,476	10,899	6,813	4,086	42,020	9,808	26,650	5,562
1984	1,311,180	1,263,450	1,230,127	29,439	3,884	10,603	6,446	4,157	37,127	7,601	24,371	5,155
1983	1,297,828	1,250,621	1,217,123	29,167	4,331	11,629	7,050	4,579	35,578	7,213	23,529	4,836
1982	1,251,228	1,208,573	1,176,199	28,327	4,047	11,060	6,815	4,245	31,595	6,003	21,076	4,516
1981	1,255,639	1,216,359	1,182,384	29,524	4,451	11,606	6,814	4,792	27,674	4,913	18,750	4,011
1980	[4] 1,253,427	1,212,447	1,178,890	28,457	5,100	11,969	6,874	5,095	[4] 29,011	4,461	20,206	[4] 4,344
1979	1,235,811	1,195,884	1,162,355	28,323	5,206	12,832	7,480	5,352	27,095	4,190	18,971	3,934
1978	1,233,634	1,194,367	1,158,621	30,253	5,493	12,914	7,680	5,234	26,353	3,778	18,660	3,915
1977	1,211,506	1,173,740	1,136,647	31,378	5,715	13,173	8,103	5,070	24,593	3,714	17,048	3,831
1976	1,174,973	1,137,231	1,103,108	28,316	5,807	14,635	8,288	6,347	23,107	3,522	15,802	3,783

[1] *Includes deaths.*

[2] *Interhospital transfer data are excluded.*

[3] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there were 245,474 one-day dialysis discharges during fiscal year 1985.*

[4] *Corrected data.*

TABLE 9

Hospital and Extended Care: Patients Treated[1] – Fiscal Years 1976–1985

Fiscal Years	Total	Hospitals				Extended Care						
						Domiciliaries			Nursing Homes			
		Total	VA Medical Centers–Hospital Care Component[2]	Non-VA	State	Total	VA Medical Centers–Domiciliary Care Component	State	Total	VA Medical Centers–Nursing Home Care Component	Community	State
1985	1,435,455	1,341,000	1,305,702	31,307	3,991	21,566	13,126	8,440	72,889	20,442	38,907	13,540
1984	1,411,834	1,324,628	1,290,029	30,211	4,388	21,579	13,053	8,526	65,627	17,187	35,551	12,889
1983	1,401,018	1,315,244	1,280,468	29,927	4,849	22,981	14,067	8,914	62,793	16,473	34,092	12,228
1982	1,357,547	1,276,383	1,242,544	29,189	4,650	23,318	14,535	8,783	57,846	15,072	31,658	11,116
1981	1,360,256	1,284,196	1,248,502	30,351	5,343	24,179	14,877	9,302	51,881	13,554	28,242	10,085
1980	[3] 1,359,269	1,282,966	1,247,516	29,456	5,994	24,966	15,180	9,786	[3] 51,337	12,750	28,536	[3] 10,051
1979	1,342,161	1,265,712	1,230,252	29,268	6,192	27,077	16,541	10,536	49,372	12,283	27,807	9,282
1978	1,342,164	1,266,651	1,228,755	31,418	6,478	27,772	17,275	10,497	47,741	11,671	26,996	9,074
1977	1,322,773	1,249,011	1,209,763	32,516	6,732	28,455	18,005	10,450	45,307	11,317	25,358	8,632
1976	1,287,087	1,214,981	1,178,894	29,273	6,814	29,952	18,408	11,544	42,154	10,941	22,998	8,215

[1] *Fiscal year data based on number of discharges and deaths during year plus number of patients on the rolls at the end of the year.*

Patients coming to VA hospitals for chronic dialysis are considered inpatients; there were 245,474 patients treated for one day during fiscal year 1985.

[3] *Corrected data.*

TABLE 10

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1985

Location of VA Facility	Inpatient Care – Patients Treated[1]								Ambulatory Care				
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care		
											VA Staff[6]		Fee Basis
	VA Medical Centers	Non-VA [2,3]	State Home [2,4]	VA Medical Centers	Community [2,3]	State Home [2,4]	VA Medical Centers	State Home [2,4]	VA Staff	Fee Basis [2,5]	Exams	Treatment Cases Completed	Cases Authorized [2,7]
All facilities – Total	1,305,702	31,307	3,991	20,442	38,907	13,540	13,126	8,440	17,789,582	1,811,267	110,032	104,245	23,459
Alabama:													
Birmingham	14,219	......	......	......	298	......	......	......	128,500	......	2,338	1,403	......
Montgomery	3,250	186	......	......	66	......	......	......	30,607	44,129	310	744	274
Tuscaloosa	3,740	3	......	187	150	......	......	......	48,124	......	327	320	......
Tuskegee	6,984	1	......	153	108	......	......	......	43,453	......	332	341	......
Alaska: Anchorage (RO-OC)	......	5,109	......	......	73	......	......	......	17,236	66,408	......	......	289
Arizona:													
Phoenix	13,425	287	......	209	600	......	......	......	146,353	32,447	1,247	1,280	604
Prescott	3,366	......	......	......	88	......	440	......	46,925	......	229	188	......
Tucson	10,089	129	......	47	353	......	......	......	116,328	......	448	414	......
Arkansas:													
Fayetteville	4,854	......	......	......	101	......	......	......	36,190	......	267	570	......
Little Rock[8]	21,321	368	......	267	519	......	......	229	189,769	48,197	1,093	1,043	1,031
Little Rock Div.	21,321	368	......	267	519	......	......	229	119,736	48,197	1,087	978	1,031
No. Little Rock Div.	......	......	......	......	......	......	......	......	70,033	......	6	65	......
California:													
Fresno	5,341	28	......	74	255	......	......	......	86,173	......	625	541	......
Livermore	2,271	......	......	166	63	......	......	......	33,323	......	328	346	......
Loma Linda	10,593	65	......	189	254	......	......	......	166,345	......	1,191	1,254	......
Long Beach	18,853	82	......	406	505	......	......	......	336,214	......	2,110	1,066	......
Los Angeles (OC)	......	484	......	......	......	......	......	......	207,800	56,421	710	1,264	680
Martinez	8,671	5	......	......	233	......	......	......	200,607	......	810	1,347	......
Martinez	8,671	5	......	......	233	......	......	......	108,628	......	176	410	......
Oakland (OCS)	......	......	......	......	......	......	......	......	33,950	......	......	......	......
Sacramento (OCS)	......	......	......	......	......	......	......	......	58,029	......	634	937	......
Palo Alto[8]	13,851	......	......	693	305	......	......	......	252,067	......	705	752	......
Palo Alto Div.	13,851	......	......	693	305	......	......	......	161,733	......	660	696	......
Menlo Park Div.	......	......	......	......	......	......	......	......	90,334	......	45	56	......
San Diego	13,245	110	......	173	208	......	......	......	200,348	10,911	1,848	2.081	140
San Diego (La Jolla Dr.)	13,245	110	......	173	208	......	......	......	146,394	10,911	1,164	1,524	......
San Diego (Camino Del Rio North) (OCMC)	......	......	......	......	......	......	......	......	53,954	......	684	557	140
San Francisco	11,541	716	1,025	......	237	1,653	......	1,431	162,937	55,836	766	799	1,851
Sepulveda	11,051	......	......	311	205	......	......	......	218,707	......	1,550	1,205	......
West Los Angeles[8]	21,494	32	......	68	665	......	534	......	377,313	......	1,374	1,178	......
West L.A.—Wadsworth Div.	21,494	32	......	68	665	......	534	......	193,893	......	1,108	603	......
West L.A.—Brentwood Div.	......	......	......	......	......	......	......	......	158,221	......	266	575	......
Santa Barbara (OCS)	......	......	......	......	......	......	......	......	25,199	......	......	......	......
Colorado:													
Denver	11,544	132	......	85	344	190	......	144	142,549	1,868	983	897	17
Denver	11,544	132	......	85	344	190	......	144	139,042	1,868	755	666	17
Colorado Springs (OCS)	......	......	......	......	......	......	......	......	3,507	......	228	231	......
Ft. Lyon	1,521	1	......	49	56	......	......	......	34,005	......	148	164	......
Grand Junction	2,650	......	......	85	131	......	......	......	22,912	......	114	100	......

Connecticut:													
Newington	3,538	100	812	......	148	......	......	829	65,787	15,871	650	740	117
West Haven	11,726	......	......	98	107	......	......	......	120,235	......	580	638	......
Delaware: Wilmington	4,237	19	......	93	194	394	......	......	55,409	1,448	650	620	......
District of Columbia:													
Washington	17,332	51	......	61	198	......	......	......	224,034	1,383	1,245	845	260
Washington (RO) (Foreign)	......	......	......	......	......	......	......	......	......	......	......	......	29
Florida:													
Bay Pines	10,173	2,576	......	643	544	......	477	......	191,679	115,996	1,885	2,458	1,755
Bay Pines	10,173	2,576	......	643	544	......	477	......	157,262	115,996	1,722	1,822	1,755
Ft. Myers (OCS)	......	......	......	......	......	......	......	......	34,417	......	163	636	......
Gainesville	11,555	8	......	224	247	......	......	......	151,065	......	1,419	1,391	......
Gainesville	11,555	8	......	224	247	......	......	......	105,987	......	618	711	......
Jacksonville (OCS)	......	......	......	......	......	......	......	......	45,078	......	801	680	......
Lake City	8,041	1	......	154	100	......	......	......	30,468	......	269	361	......
Miami	15,455	558	......	277	566	......	......	......	334,714	......	3,305	2,841	......
Miami	15,455	558	......	277	566	......	......	......	204,082	......	1,003	767	......
Oakland Park (OCS)	......	......	......	......	......	......	......	......	76,843	......	1,367	1,269	......
Riviera Beach (OCS)	......	......	......	......	......	......	......	......	53,789	......	935	805	......
Tampa	17,442	34	......	219	720	......	......	......	238,683	......	2,478	2,352	......
Tampa	17,442	34	......	219	720	......	......	......	161,736	......	1,538	1,268	......
Orlando (OCS)	......	......	......	......	......	......	......	......	76,874	......	940	1,084	......
Port Richey (OCS)	......	......	......	......	......	......	......	......	73	......	......	......	......
Georgia:													
Atlanta	12,943	405	......	157	444	......	......	......	150,261	38,675	1,570	1,519	1,239
Augusta[h]	11,112	18	......	52	358	343	......	......	102,139	......	944	583	......
Forest Hills Div.	11,112	18	......	52	358	......	......	......	78,618	......	828	472	......
Lenwood Div.	......	......	......	......	......	......	......	......	23,521	......	116	111	......
Dublin	5,317	......	......	110	215	263	491	301	35,269	......	160	164	......
Hawaii: Honolulu (RO-OC)	......	851	......	......	50	......	......	......	59,458	7,126	717	676	76
Idaho: Boise	3,620	186	......	17	217	105	......	230	58,637	13,079	393	465	193
Illinois:													
Chicago (Lakeside)	13,404	......	......	......	385	......	......	......	142,965	......	94	65	......
Chicago (West Side)	13,043	381	......	......	521	......	......	......	234,127	62,254	938	766	380
Danville	7,943	16	......	552	183	......	......	......	92,536	......	313	300	......
Danville	7,943	16	......	552	183	......	......	......	56,983	......	221	164	......
Peoria (OCS)	......	......	......	......	......	......	......	......	35,553	......	92	136	......
Hines	25,354	......	......	353	750	......	......	......	242,164	......	422	344	......
Marion	4,783	13	......	50	225	......	......	......	52,194	......	456	410	......
Marion	4,783	13	......	50	225	......	......	......	29,350	......	456	410	......
Evansville IN (OCS)	......	......	......	......	......	......	......	......	22,844	......	......	......	......
North Chicago	6,398	1	......	254	438	......	......	......	129,082	......	485	276	......
Indiana:													
Ft. Wayne	3,967	......	......	68	176	......	......	......	21,453	......	241	203	......
Indianapolis[h]	14,096	298	......	173	298	351	......	125	120,129	25,637	735	815	178
Cold Spring Road Div.	......	......	......	......	......	......	......	......	16,772	......	......	......	......
West Tenth Street Div.	14,096	298	......	173	298	351	......	125	103,357	25,637	735	815	178
Marion	2,736	......	......	119	240	......	......	......	39,342	......	145	141	......
Iowa:													
Des Moines	6,009	60	309	......	202	919	......	153	83,503	22,261	805	769	530
Iowa City	10,411	125	419	......	342	883	......	168	73,289	......	159	187	......
Knoxville	3,342	......	......	283	130	......	......	......	26,557	......	140	114	......
Kansas:													
Leavenworth	5,134	5	......	69	150	......	1,116	......	50,010	......	80	106	......
Topeka	5,834	8	......	99	230	......	......	......	91,033	......	531	492	......
Wichita	4,453	82	......	162	173	80	......	87	50,328	14,610	602	455	110
Kentucky:													
Lexington[h]	13,259	28	......	156	329	......	......	......	107,424	......	507	354	......
Leestown Div.	13,259	28	......	156	329	......	......	......	37,800	......	142	175	......
Cooper Drive Div.	......	......	......	......	......	......	......	......	69,624	......	365	179	......
Louisville	8,314	122	......	......	325	......	......	......	96,601	11,841	794	956	123

See footnotes at end of table

Inpatient and Ambulatory Care: Program Summary–Fiscal Year 1985

Location of VA Facility	Inpatient Care – Patients Treated[1]								Ambulatory Care				
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care		
											VA Staff[6]		Fee Basis
	VA Medical Centers	Non-VA[2,3]	State Home[2,4]	VA Medical Centers	Community[2,3]	State Home[2,4]	VA Medical Centers	State Home[2,4]	VA Staff	Fee Basis[2,5]	Exams	Treatment Cases Completed	Cases Authorized[2,7]
Louisiana:													
Alexandria	6,508	3	......	114	166	194	......	......	36,979	......	133	171	......
New Orleans	13,165	547	......	......	259	194	......	190	229,610	20,081	655	682	38
New Orleans	13,165	547	......	......	259	......	......	190	196,884	20,081	368	469	38
Baton Rouge (OCS)	......	......	......	......	......	......	......	......	32,726	......	287	213	......
Shreveport	9,494	117	......	......	371	......	......	......	78,677	20,012	708	594	133
Maine: Togus	6,579	179	......	154	198	176	......	......	66,596	22,600	749	533	240
Maryland:													
Baltimore	6,721	75	......	......	167	......	......	......	158,023	9,770	680	678	161
Baltimore (Loch Raven Blvd.)	6,721	75	......	......	167	......	......	......	105,346	9,770	151	223	......
Baltimore (Federal Bldg.) (OCMC)	......	......	......	......	......	......	......	......	52,677	......	529	455	161
Ft. Howard	2,179	......	......	58	82	......	......	......	22,286	......	16	16	......
Perry Point	3,297	4	......	132	114	......	......	......	45,282	......	97	107	......
Massachusetts:													
Bedford	3,951	12	......	245	195	......	......	......	100,814	......	309	351	......
Boston	15,726	......	1,246	......	394	248	......	565	164,060	......	158	329	......
Boston (So. Huntington Ave.)	15,726	......	1,246	......	394	248	......	565	134,757	......	158	329	......
Lowell (OCS)	......	......	......	......	......	......	......	......	29,303	......	......	......	......
Boston (Court Street) (OC)	......	243	......	......	......	......	......	......	194,625	58,781	3,651	1,563	44
Brockton[8]	7,733	......	......	140	239	......	......	......	172,753	......	1,204	1,178	......
Brockton	7,733	......	......	140	239	......	......	......	99,218	......	645	573	......
West Roxbury	......	......	......	......	......	......	......	......	54,348	......	559	605	......
Worcester (OCS)	......	......	......	......	......	......	......	......	19,187	......	......	......	......
Northampton	2,513	9	178	61	153	398	......	62	88,711	......	515	565	......
Northampton	2,513	9	178	61	153	398	......	62	65,933	......	515	565	......
Springfield (OCS)	......	......	......	......	......	......	......	......	22,778	......	......	......	......
Michigan:													
Allen Park	14,613	310	......	114	278	723	......	218	205,205	28,996	730	616	533
Ann Arbor	12,157	44	......	308	237	......	......	......	135,945	......	933	1,056	......
Ann Arbor	12,157	44	......	308	237	......	......	......	97,037	......	639	821	......
Toledo, OH (OCS)	......	......	......	......	......	......	......	......	38,908	......	294	235	......
Battle Creek	5,102	44	......	262	279	......	......	......	93,594	......	849	845	......
Battle Creek	5,102	44	......	262	279	......	......	......	69,189	......	213	316	......
Grand Rapids (OCS)	......	......	......	......	......	......	......	......	24,405	......	636	529	......
Iron Mountain	5,560	16	......	190	71	116	......	123	24,563	3,386	194	106	97
Saginaw	3,959	......	......	133	311	......	......	......	38,980	......	439	416	......
Minnesota:													
Minneapolis	20,270	478	......	......	919	444	......	700	235,222	53,631	763	626	880
Minneapolis	20,270	478	......	......	919	444	......	700	204,415	53,631	763	626	880
St. Paul (OCMC)	......	......	......	......	......	......	......	......	30,807	......	......	......	......
St. Cloud	3,423	......	......	77	279	......	......	......	67,532	......	162	180	......
Mississippi:													
Biloxi[8]	7,253	......	......	43	404	......	342	......	94,649	......	568	476	......
Biloxi Div.	7,253	......	......	43	404	......	342	......	61,353	......	462	344	......
Gulfport Div.	......	......	......	......	......	......	......	......	27,307	......	106	132	......
Mobile, AL (OCS)	......	......	......	......	......	......	......	......	5,989	......	......	......	......
Jackson	14,511	98	......	204	254	......	......	......	94,434	28,734	544	522	277

Missouri:														
Columbia	7,724	18	......	94	170	......	......	......	65,238	......	203	270	......
Kansas City	11,975	176	......	......	326	......	......	......	122,409	35,015	503	374	14
Poplar Bluff	4,099	......	......	38	175	......	......	......	33,717	......	197	193	......
St. Louis[x]	18,732	60	......	201	386	543	......	91	206,177	9,666	726	771	13
John Cochran Div.	18,732	60	......	201	386	543	......	91	151,280	9,666	459	450	1
Jefferson Barracks Div.	......	......	......	......	......	82	......	......	54,897	......	267	321	12
Montana:														
Ft. Harrison	3,219	164	......	......	130	114	......	102	19,050	24,498	70	59	314
Miles City	1,579	......	......	30	75	......	......	......	13,680	......	37	17	......
Nebraska:														
Grand Island	2,939	1	......	128	21	678	......	181	23,370	......	100	97	......
Lincoln	4,306	62	......	......	77	......	......	......	43,328	22,945	251	246	......
Omaha	8,543	21	......	......	280	......	......	......	89,107	......	319	312	107
Nevada:														
Las Vegas (OC)	......	193	......	......	41	......	......	......	64,472	3,460	703	1,024	97
Reno	5,055	137	......	247	110	......	......	......	66,275	7,332	366	351	1
New Hampshire: Manchester	3,655	102	......	279	102	112	......	......	70,210	10,845	519	441	29
New Jersey:														
East Orange	15,895	278	......	84	329	407	......	43	166,089	32,195	1,318	1,004	187
East Orange	15,895	278	......	84	329	......	......	43	120,110	32,195	1,318	1,004	187
Newark (OCMC)	......	......	......	......	......	......	......	......	45,979	......	......	......	......
Lyons	4,437	2	......	166	158	......	......	......	40,150	......	613	317	......
New Mexico: Albuquerque	9,406	70	......	146	221	......	......	......	120,203	10,192	931	693	770
New York:														
Albany	9,660	33	......	199	124	......	......	......	123,768	19,352	595	1,110	203
Batavia	1,759	3	......	67	53	......	......	......	63,573	......	226	199	2
Batavia	1,759	3	......	67	53	......	......	......	24,659	......	226	199	2
Rochester (OCS)	......	......	......	......	......	......	......	......	38,914	......	......	......	......
Bath	2,022	4	......	274	114	......	869	......	34,285	......	120	77	8
Bronx	13,681	......	......	......	153	......	......	......	177,933	......	528	481	......
Brooklyn[x]	18,243	156	......	406	187	......	......	......	309,720	1,751	1,265	1,116	......
Brooklyn Div.	18,243	156	......	406	187	......	......	......	178,233	1,751	259	257	......
St. Albans Div.	......	......	......	......	......	......	......	......	33,208	......	91	58	......
Brooklyn (OCS)	......	......	......	......	......	......	......	......	98,279	......	915	801	......
Buffalo	15,030	61	......	99	179	......	......	......	171,454	8,192	952	1,239	25
Canandaigua	2,785	1	......	149	73	......	......	......	45,423	......	304	276	......
Castle Point	4,158	......	......	242	52	......	......	......	38,459	......	227	193	......
Montrose	4,043	......	......	174	44	......	......	......	67,514	......	540	433	......
New York	14,486	189	......	......	118	......	......	......	303,679	16,443	1,619	1,543	279
New York (First Ave.)	14,486	189	......	......	118	......	......	......	153,661	16,443	1,619	1,543	279
New York (Seventh Ave.) (OCMC)	......	......	......	......	......	......	......	......	150,018	......	......	......	......
Northport	13,887	......	......	......	214	......	......	......	214,281	......	1,131	811	......
Syracuse	6,097	91	......	95	90	100	......	88	93,551	30,694	500	383	192
North Carolina:														
Asheville	8,664	21	......	127	285	......	......	......	73,697	......	453	460	......
Durham	10,495	50	......	......	296	......	......	......	101,649	......	549	578	......
Fayetteville	5,997	......	......	52	186	......	......	......	61,545	......	720	818	......
Salisbury	5,995	268	......	168	177	......	......	......	74,424	63,216	842	1,162	271
Salisbury	5,995	268	......	168	177	......	......	......	54,160	63,216	728	784	......
Winston-Salem (OCMC)	......	......	......	......	......	......	......	......	20,264	......	114	378	271
North Dakota: Fargo	4,624	370	......	127	96	......	......	156	36,198	21,319	599	524	210
Ohio:														
Chillicothe	6,705	3	......	187	612	......	......	......	55,914	......	141	140	......
Cincinnati	10,214	124	......	305	329	......	......	......	129,739	12,296	511	573	1
Cleveland[x]	17,650	172	......	167	445	331	......	414	251,482	16,580	889	1,267	55
Wade Park Div.	17,650	172	......	167	445	331	......	414	155,295	16,580	488	677	......
Brecksville Div.	......	......	......	......	......	......	......	......	56,084	......	149	200	55
Canton (OCS)	......	......	......	......	......	......	......	......	40,103	......	252	390	......
Columbus (OC)	......	334	......	......	......	......	......	......	89,327	16,671	582	536	53
Dayton	9,547	......	......	400	270	......	912	......	86,351	......	550	503	......

See footnotes at end of table

BLANK PAGE

BLANK PAGE

BLANK PAGE

TABLE 10–Continued

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1985

Location of VA Facility	Inpatient Care – Patients Treated[1]								Ambulatory Care				
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care		
											VA Staff[6]		Fee Basis
	VA Medical Centers—Hospital Care Component	Non-VA [2,3]	State Home [2,4]	VA Medical Centers—Nursing Home Care Component	Community [2,3]	State Home [2,4]	VA Medical Centers—Domiciliary Care Component	State Home [2,4]	VA Staff	Fee Basis [2,5]	Exams	Treatment Cases Completed	Cases Authorized [2,7]
Oklahoma:													
Muskogee	4,535	287	......	......	291	......	......	......	102,988	31,974	1,436	1,561	236
Muskogee	4,535	287	......	......	291	......	......	......	54,894	31,974	703	642	236
Tulsa (OCS)	......	......	......	......	......	......	......	......	48,094	......	733	919	......
Oklahoma City	13,150	34	2	......	446	1,232	......	328	162,554	......	750	741	......
Oregon:													
Portland[8]	15,314	335	......	316	338	......	......	......	147,761	35,970	1,172	1,068	526
Portland Div.	15,314	335	......	316	338	......	......	......	93,051	35,970	703	610	526
Vancouver (WA) Div.	......	......	......	......	......	......	......	......	24,606	......	469	478	......
Portland (SW Stark St.) (OCMC)	......	......	......	......	......	......	......	......	30,124	......	......	......	......
Roseburg	4,395	1	......	122	208	......	......	......	48,980	......	121	132	......
White City (Ind. Dom.)	......	38	......	......	......	......	1,669	......	68,935	......	148	148	......
Pennsylvania:													
Altoona	2,702	87	......	51	110	405	......	325	24,667	14,832	500	361	18
Butler	2,560	12	......	152	83	......	......	......	38,209	2,469	268	201	19
Coatesville	4,774	26	......	237	472	......	......	......	55,550	2,043	115	122	......
Erie	3,196	24	......	70	98	104	......	90	32,536	2,579	139	157	52
Lebanon	3,634	114	......	214	307	......	......	......	57,751	23,147	305	253	279
Lebanon	3,634	114	......	214	307	......	......	......	42,772	23,147	335	253	279
Harrisburg (OCS)	......	......	......	......	......	......	......	......	14,979	......	......	......	......
Philadelphia	10,740	325	......	......	436	......	......	......	274,715	26,818	1,102	877	158
Philadelphia (Univ. & Woodland Aves.)	10,740	325	......	......	436	......	......	......	186,263	26,818	225	331	......
Philadelphia (Cherry St.) (OCMC)	......	......	......	......	......	......	......	......	88,452	......	877	546	158
Pittsburgh (Highland Dr.)	3,717	47	......	......	301	......	......	......	56,572	4,083	377	431	39
Pittsburgh[8]	13,265	29	......	352	461	......	......	......	150,511	12,428	375	597	19
Pittsburgh (Univ. Dr.) Div.	13,265	29	......	352	461	......	......	......	139,809	12,428	297	514	19
Aspinwall Div.	......	......	......	......	......	......	......	......	2,110	......	78	83	......
Pittsburgh (Liberty Ave.) (OCMC)	......	......	......	......	......	......	......	......	8,592	......	......	......	......
Wilkes-Barre	6,681	263	......	167	117	......	......	......	145,734	23,659	1,751	1,580	57
Wilkes-Barre	6,681	263	......	167	117	......	......	......	95,059	23,659	1,362	1,191	57
Allentown (OCS)	......	......	......	......	......	......	......	......	33,017	......	389	389	......
Sayre (OCS)	......	......	......	......	......	......	......	......	17,658	......	......	......	......
Philippines: Manila (RO-OC)	......	1,057	......	......	......	......	......	......	6,460	529	......	......	4
Puerto Rico:	......	......	......	......	......	......	......	......	......		......	......	......
San Juan	16,716	3,894	......	......	212	......	......	......	265,549	100,080	1,629	1,478	819
San Juan	16,716	3,894	......	......	212	......	......	......	217,528	100,080	984	944	819
Mayaguez (OCS)	......	......	......	......	......	......	......	......	48,021		645	534	......
Rhode Island:													
Providence	8,785	190	......	......	193	358	......	58	134,216	18,787	888	960	97
Providence	8,785	190	......	......	193	358	......	58	126,801	18,787	886	960	97
New Bedford, MA (OCS)	......	......	......	......	......	......	......	......	7,415	......	......	......	......
South Carolina:													
Charleston	7,272	......	......	......	149	......	......	......	74,120	......	265	304	......
Columbia	9,919	123	......	312	211	289	......	......	106,282	15,747	1,464	1,436	74
Columbia	9,919	123	......	312	211	269	......	......	81,749	15,747	679	703	74
Greenville (OCS)	......	......	......	......	......	......	......	......	24,533	......	785	733	......

South Dakota:													
Ft. Meade	3,127	7	......	......	71	......	......	......	38,785	......	147	123	......
Hot Springs	4,021	......	......	......	20	40	809	101	35,449	......	65	68	......
Sioux Falls	4,681	29	......	175	216	......	......	......	45,478	9,631	208	244	118
Tennessee:													
Memphis	17,658	......	......	560	202	......	......	......	158,551	......	953	856	......
Mountain Home	7,443	18	......	94	360	......	1,223	......	67,640	......	347	253	......
Murfreesboro	3,317	5	......	61	129	......	......	......	34,913	......	104	159	......
Nashville	12,728	315	......	......	278	......	......	......	134,136	19,437	1,279	1,255	831
Nashville	12,728	315	......	......	278	......	......	......	97,633	19,437	1,279	1,255	831
Chattanooga (OCS)	......	......	......	......	......	......	......	......	20,989	......	......	......	......
Knoxville (OCS)	......	......	......	......	......	......	......	......	15,514	......	......	......	......
Texas:													
Amarillo	4,180	214	......	......	188	......	......	......	55,540	14,801	488	541	143
Amarillo	4,180	214	......	......	188	......	......	......	30,096	14,801	166	245	......
Lubbock (OCS)	......	......	......	......	......	......	......	......	25,444	......	322	296	143
Big Spring	3,277	......	......	109	132	......	......	......	25,396	......	180	97	......
Bonham	2,240	......	......	136	217	......	354	......	21,076	......	236	240	......
Dallas	17,410	196	......	213	348	......	......	......	199,740	28,841	1,221	1,200	403
El Paso (OC)	......	999	......	......	......	......	......	......	48,555	10,077	873	653	476
Houston	19,170	807	......	156	471	......	......	......	298,712	3,746	1,266	1,371	79
Houston	19,170	807	......	156	471	......	......	......	274,886	3,746	1,055	1,126	79
Beaumont (OCS)	......	......	......	......	......	......	......	......	23,826	......	211	245	......
Kerrville	5,561	1	......	193	180	......	......	......	31,170	......	186	126	......
Marlin	2,183	......	......	......	63	......	......	......	11,653	......	122	131	......
San Antonio	20,394	241	......	......	410	......	......	......	194,405	5,406	1,537	1,669	307
San Antonio (Merton Minter Blvd.)	20,394	241	......	......	410	......	......	......	147,932	5,406	1,301	1,452	307
Corpus Christi (OCS)	......	......	......	......	......	......	......	......	18,612	......	......	......	......
McAllen (OCS)	......	......	......	......	......	......	......	......	14,430	......	......	......	......
San Antonio (Dwyer Ave.) (OCS)	......	......	......	......	......	......	......	......	13,431	......	236	217	......
Temple	10,326	......	......	241	274	......	1,184	......	91,145	......	727	701	......
Waco	4,242	92	......	104	213	......	......	......	93,671	13,808	539	536	123
Utah: Salt Lake City	11,047	38	......	7	446	......	......	......	140,082	5,495	594	589	51
Vermont: White River Junction	4,733	84	......	223	66	257	......	27	54,099	11,901	383	273	79
Virginia:													
Hampton	7,046	......	......	283	238	......	867	......	136,490	......	777	553	......
Richmond	16,272	13	......	192	279	......	......	......	170,725	......	1,185	1,238	......
Salem	7,834	191	......	273	174	......	......	......	133,468	40,767	431	325	510
Washington:													
American Lake (Takoma)	3,767	241	......	101	230	......	......	......	67,143	......	708	724	......
Seattle	9,002	390	......	......	509	444	......	419	149,274	29,737	791	648	441
Spokane	3,879	......	......	49	213	......	......	......	40,939	......	428	442	......
Walla Walla	2,436	......	......	......	133	......	......	......	26,288	......	120	128	......
West Virginia:													
Beckley	4,333	5	......	53	121	......	......	......	26,512	......	204	251	......
Clarksburg	6,044	......	......	......	282	......	......	......	32,708	......	230	253	......
Huntington	4,319	142	......	......	265	......	......	311	52,176	15,798	660	707	28
Martinsburg	6,595	9	......	161	222	......	1,214	......	73,646	2,331	202	257	3
Wisconsin:													
Madison	8,901	......	......	......	233	584	......	93	56,763	......	204	192	......
Tomah	3,831	......	......	192	201	......	......	......	35,453	......	115	31	......
Wood	14,559	293	......	424	400	......	729	......	200,779	26,212	1,162	821	2,261
Wyoming:													
Cheyenne	2,492	39	......	71	106	......	......	......	22,072	3,083	199	221	99
Sheridan	1,963	25	......	......	47	......	......	58	19,517	......	35	38	......

---

[1] *Based on the number of discharges and deaths during FY 1985, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1985. Excludes interhospital transfers.*

[2] *As reported by VA authorizing facility.*

[3] *Authorized and paid for by VA.*

[4] *Supported by VA.*

[5] *Medical visits to private physicians authorized by VA on a fee-for-service basis.*

[6] *Treatment cases completed may be related to examinations reported for prior periods or previous fiscal years; some exams conducted by the VA staff result in fee-basis treatment; some data may be reported in a period later than that in which the service was actually performed; exams and treatment for patients may be performed at more than one clinic; staff exams include initial screening examinations and initial complete exams with no prior screening; treatment cases completed include terminations.*

[7] *Net number of dental cases authorized by VA to private dentists on a fee-for-service basis.*

[8] *Includes data for two divisions of the VA medical center.*

NOTE: The following abbreviations are used to denote type of facility: OC (outpatient clinic - independent); OCMC (outpatient clinic under jurisdiction of medical center, but not physically located in a medical center); OCS (outpatient clinic satellite or substation); RO-OC (regional office outpatient clinic); and Ind. Dom. (independent domiciliary).

171

HEALTH CARE

TABLE 11

Actions on Applications For Medical Care—Fiscal Years 1984–1985

Item	FY 1985	FY 1984
Total applications	3,030,354	3,102,529
Pending determination of need at beginning of period	1,799	2,196
Received during period	3,028,555	3,100,333
Total Processed	2,962,706	3,025,888
In need of care	2,710,822	2,721,374
Hospital care	904,974	948,980
Ambulatory care	1,793,864	1,760,573
Nursing home care	7,600	7,538
Domiciliary care	4,384	4,263
Not in need of care	251,884	304,514
Cancelled	65,453	75,360
Pending determination of need at end of period	2,195	1,799
Acceptance rate[1]	91.5	89.9

[1] *Acceptance rate is determined by dividing "In Need of Care" total by "Total Processed" and multiplying by 100*

HEALTH CARE

TABLE 12

Total Health Care: Obligations by Program and Appropriation—Fiscal Year 1985

	Obligations (in thousands)	
	FY 1985	FY 1984
Total	$9,258,347	$8,581,997
Medical care	8,936,274	8,300,867
Inpatient care	6,356,761	5,950,667
Hospitals	5,538,933	5,211,776
VA hospitals[1]	5,390,914	5,091,575
Contract hospitals	144,333	116,943
State home hospitals	3,686	3,254
Nursing homes	709,585	631,135
VA nursing homes[1]	390,432	357,592
Community nursing homes	268,936	231,738
State nursing homes	50,217	41,805
Domiciliaries	108,243	107,756
VA domiciliaries[1]	95,198	95,054
State domiciliaries	13,045	12,702
Outpatient care (staff and fee)	1,686,184	1,553,788
CHAMPVA	82,522	66,643
Education and training[2]	465,190	446,233
Miscellaneous benefits and services	345,617	283,536
Medical administration and miscellaneous operating expenses	65,798	65,576
Medical administration	50,427	49,810
Post-graduate & inservice training	10,807	11,191
Health professional scholarship	4,564	4,575
Medical & prosthetic research	226,634	190,299
Medical research	204,967	174,348
Rehabilitative research	15,358	10,845
Health services research	6,409	5,106
Other medical programs[3]	29,641	25,255

[1] *Excludes Education and Training which is separately identified.*

[2] *Includes inpatient and outpatient.*

[3] *Does not include revolving or trust funds.*

TABLE 13

VA and Non-VA Facilities: Average Obligations—Fiscal Years 1984–1985

Type of Facility	Average Obligations			
	Per Patient Treated		Per Patient Day	
	FY 1985	FY 1984	FY 1985	FY 1984
VA hospitals				
All bed sections	4,129	3,947	249.02	220.49
Medical bed sections	3,072	2,960	308.75	273.21
Surgical bed sections	4,587	4,102	378.73	314.41
Psychiatric bed sections	5,881	6,111	163.58	150.51
Intermediate bed sections	14,245	15,242	135.32	122.33
Non-VA (contract) hospitals[1]	4,467	3,708	404.20	310.45
VA nursing home care units	19,100	20,806	111.94	107.84
Community nursing homes[1]	6,428	6,027	59.87	55.19
VA domiciliaries	7,253	7,282	43.62	41.65
State homes[1]				
Hospital care[2]	781	593	15.25	13.84
Nursing home care[2]	3,566	3,095	17.05	14.60
Domiciliary care[2]	1,403	1,341	7.30	7.10

[1] *Data for this table are based on direct obligations and exclude support costs.*

[2] *Per diems impacted by statutory limitations.*

TABLE 14

VA Medical Centers—Hospital Care Component, Non-VA (Contract), and State Home Hospitals: Admissions, Discharges, Deaths, and Remaining by Bed Section—Fiscal Year 1985

Item	Type of Bed Section			
	Total	Medical	Surgical	Psychiatric
ADMISSIONS[1]				
All hospitals	1,283,399	[2] 804,428	[2] 310,658	[2] 164,823
VA medical centers – Total	1,249,374	784,499	306,769	158,106
Non-VA (contract) hospitals – Total	30,535	19,929	3,889	6,717
Federal Government hospitals – Total	2,489	1,708	534	247
Army	1,998	1,239	533	226
Air Force	438	438	......	......
Navy	29	22	1	6
Public Health Service	9	9	......	......
Other[3]	15	......	......	15
State and local government hospitals	8,641	5,638	869	2,134
Non-public hospitals	19,405	12,583	2,486	4,336
State home hospitals	3,490	(4)	(4)	(4)
DISCHARGES AND DEATHS				
All hospitals	1,282,264	[2] 788,222	[2] 317,653	[2] 172,913
VA medical centers – Total	1,248,217	768,349	313,709	166,159
Non-VA (contract) hospitals – Total	30,571	19,873	3,944	6,754
Federal Government hospitals – Total	2,503	1,704	540	259
Army	2,017	1,240	539	238
Air Force	432	432	......	......
Navy	29	22	1	6
Public Health Service	10	10	......	......
Other[3]	15	......	......	15
State and local government hospitals	8,629	5,611	897	2,121
Non-public hospitals	19,439	12,558	2,507	4,374
State home hospitals	3,476	(4)	(4)	(4)
BED OCCUPANTS REMAINING				
Total occupants remaining on September 30, 1985	58,342	[2] 29,677	[2] 10,400	[2] 17,750
VA medical centers – Total	57,093	29,440	10,354	17,299
Non-VA (contract) hospitals – Total	734	237	46	451
Federal Government hospitals – Total	77	52	18	7
Army	65	40	18	7
Air Force	11	11	......	......
Navy	1	1	......	......
Public Health Service	......	......	......	......
Other[3]	......	......	......	......
State and local government hospitals	115	50	16	49
Non-public hospitals	542	135	12	395
State home hospitals	515	(4)	(4)	(4)
ABSENT BED OCCUPANTS REMAINING				
Total absent bed occupants (i.e., patients on leave of absence) remaining on September 30, 1985	394	84	100	210
VA medical centers – Total	392	84	99	209
All other hospitals	2	......	1	1

---

[1] *Excludes interhospital transfers for VA medical centers, includes transfers for all other hospitals.*

[2] *Excludes data by bed section for State Home Hospitals.*

[3] *St. Elizabeths Hospital, Washington, D.C., which is operated by the Department of Health and Human Services.*

[4] *Data not available.*

VA Medical Centers—Hospital Care Component and Non-VA Hospitals (Contract): Patient Movement By Type of Bed Section—Fiscal Year 1985

Item	VA Medical Centers				Non-VA (Contract) Hospitals						
	Total	Type of Bed Section[1]			Total	Type of Bed Section			Type of Hospital		
		Medical[2]	Surgical	Psychiatric		Medical	Surgical	Psychiatric	Federal[3]	State & Local	Non-Public[4]
Gains – Total	1,452,825	911,149	359,485	182,191	30,571	19,963	3,891	6,717	2,489	8,675	19,407
Admissions	1,249,374	784,499	306,769	158,106	30,535	19,929	3,889	6,717	2,489	8,641	19,405
Transfers in from other hospitals[5]	30,719	15,795	8,361	6,563	(6)	(6)	(6)	(6)	(6)	(6)	(6)
Change in bed section (+)	172,732	110,855	44,355	17,522	36	34	2	......	......	34	2
Losses – Total	1,454,978	900,078	366,034	188,866	30,607	19,907	3,946	6,754	2,503	8,663	19,441
Discharges – Total	1,199,786	726,985	306,867	165,934	29,725	19,149	3,825	6,751	2,348	8,404	18,973
To ambulatory care	821,321	528,715	235,749	56,857	(7)	(7)	(7)	(7)	(7)	(7)	(7)
Other	378,465	198,270	71,118	109,077	29,725	19,149	3,825	6,751	2,348	8,404	18,973
Deaths	48,431	41,364	6,842	225	846	724	119	3	155	225	466
Transfers out to other hospitals[5]	34,029	20,874	7,970	5,185	(7)	(7)	(7)	(7)	(7)	(7)	(7)
Changes in bed sections (–)	172,732	110,855	44,355	17,522	36	34	2	......	......	34	2
Remaining on September 30, 1985 – Total	57,485	29,524	10,453	17,508	736	237	47	452	77	117	542
Bed occupants	57,093	29,440	10,354	17,299	734	237	46	451	77	115	542
On leave of absence	392	84	99	209	2	......	1	1	......	2	......
Patients treated[8] [9]	1,305,702	797,873	324,162	183,667	31,307	20,110	3,991	7,206	2,580	8,746	19,981
Episodes of care[10]	1,478,434	908,728	368,517	201,189	31,343	20,144	3,993	7,206	2,580	8,780	19,983
Average daily census[11]											
Total	59,310	30,462	10,756	18,092	948	350	101	496	78	187	683
Excluding days while patients on authorized leave of absence of 96 hours or less	58,128	30,069	10,503	17,556	......	......	......	......	......	......	......

---

[1] *Beds are classified according to their intended use; patients are classified according to the classification of the beds they occupy, rather than on a diagnostic basis.*

[2] *Medical bed sections include medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine and blind rehabilitation.*

[3] *Includes Department of Defense and Public Health Service hospitals, and St. Elizabeths Hospital, Washington, D.C., which is operated by the Department of Health and Human Services.*

[4] *Includes Veterans Memorial Medical Center, Manila, Republic of the Philippines.*

[5] *Includes only patients transferred as VA beneficiaries.*

[6] *Included with admissions.*

[7] *Included with "other" discharges.*

[8] *Based on the number of discharges and deaths during FY 1985, plus the number remaining on the rolls on September 30, 1985.*

[9] *Patients admitted to VA hospitals for chronic dialysis are considered to be inpatients; there were 245,474 such patients with one day duration of stay treated during the fiscal year.*

[10] *Based on the number of discharges and deaths during FY 1985, plus the number remaining on the rolls on September 30, 1985. Interhospital transfers are excluded but intrahospital transfers are included.*

[11] *Based on the number of patient days divided by the number of days in the fiscal year. Totals may not add due to averaging.*

VA Medical Centers—Hospital Care Component: Selected Data—Fiscal Year 1985

Location	Average Operating Beds[1]				Patients Treated Total [2] [3]	Episodes of Care[4]			Average Daily Census [5]
	Total	Bed Section[6]				Bed Section[6]			
		Medical[7]	Surgical	Psychiatric		Medical[7]	Surgical	Psychiatric	
All hospitals	78,357	39,339	15,952	23,066	1,305,702	908,728	368,517	201,189	59,310
Alabama:									
Birmingham	416	213	204	......	14,219	9,809	5,630	......	284
Montgomery	200	172	28	......	3,250	2,933	777	......	141
Tuscaloosa	539	182	......	357	3,740	1,592	......	2,896	452
Tuskegee	831	446	79	306	6,984	4,761	1,618	2,151	655
Arizona:									
Phoenix	470	210	124	136	13,425	7,576	4,436	2,324	356
Prescott	193	116	47	30	3,366	2,389	867	423	122
Tucson	314	151	115	48	10,089	7,037	3,427	768	226
Arkansas:									
Fayetteville	187	120	67	......	4,854	3,114	1,876	......	120
Little Rock[8]	1,305	553	242	510	21,321	13,718	7,655	3,980	952
California:									
Fresno	218	108	75	35	5,341	3,266	2,149	799	151
Livermore	166	133	32	......	2,271	2,064	834	......	101
Loma Linda	423	212	151	60	10,593	7,622	3,169	847	339
Long Beach	1,097	737	225	135	18,853	15,687	5,594	2,184	815
Martinez	402	203	137	62	8,671	4,680	3,484	1,068	311
Palo Alto[8]	1,275	421	119	736	13,851	8,394	2,991	4,444	1,033
San Diego	567	258	204	105	13,245	9,183	4,151	1,374	331
San Francisco	355	134	171	50	11,541	6,785	5,183	802	232
Sepulveda	590	304	95	191	11,051	8,249	2,308	1,638	408
West Los Angeles[8]	1,225	520	220	485	21,494	14,619	5,216	4,122	912
Colorado:									
Denver	275	101	112	61	11,544	7,688	3,798	882	246
Ft. Lyon	335	123	......	212	1,521	947	......	955	301
Grand Junction	113	61	26	26	2,650	2,084	849	423	69
Connecticut:									
Newington	183	67	76	40	3,538	1,927	1,357	536	132
West Haven	641	357	135	149	11,726	8,575	3,100	1,289	395
Delaware: Wilmington	323	173	150	......	4,237	2,368	2,278	......	190
District of Columbia: Washington	708	342	187	179	17,332	14,006	3,269	1,508	540
Florida:									
Bay Pines	642	370	150	122	10,173	6,169	3,492	1,767	441
Gainesville	476	165	221	90	11,555	6,116	4,885	1,133	358
Lake City	329	256	73	......	8,041	6,331	2,133	......	256
Miami	708	361	193	155	15,455	11,840	3,920	2,430	530
Tampa	697	299	248	150	17,442	11,916	4,997	1,914	520
Georgia:									
Atlanta	479	204	179	96	12,943	8,116	3,898	1,599	371
Augusta[8]	1,048	449	150	449	11,112	7,159	3,261	2,883	828
Dublin	303	270	33	......	5,317	5,328	974	......	242
Idaho: Boise	162	88	44	30	3,620	2,371	1,153	477	109
Illinois:									
Chicago (Lakeside)	452	276	143	34	13,404	10,831	2,627	511	323
Chicago (West Side)	486	236	173	77	13,043	9,170	3,459	1,729	374
Danville	848	521	48	279	7,943	5,307	2,267	2,086	608
Hines	1,153	662	251	240	25,354	19,019	5,094	3,975	828
Marion	163	125	38	......	4,783	3,931	1,033	......	133
North Chicago	1,064	393	76	595	6,398	4,567	1,277	2,512	728
Indiana:									
Ft. Wayne	176	132	33	11	3,967	3,216	1,114	162	121
Indianapolis[8]	462	212	154	96	14,096	9,839	4,202	1,035	362
Marion	700	400	......	300	2,736	2,095	......	1,517	529
Iowa:									
Des Moines	240	134	106	......	6,009	3,909	2,460	......	163
Iowa City	323	140	137	46	10,411	6,791	3,684	745	219
Knoxville	456	210	......	246	3,342	2,325	......	2,092	296
Kansas:									
Leavenworth	439	270	45	124	5,134	3,924	1,048	1,180	317
Topeka	805	265	57	483	5,834	3,450	1,232	2,346	663
Wichita	141	80	60	......	4,453	3,184	1,471	......	115
Kentucky:									
Lexington[8]	899	480	130	289	13,259	9,251	4,120	1,832	732
Louisville	363	158	156	49	8,314	4,720	3,496	1,338	283
Louisiana:									
Alexandria	336	214	85	38	6,508	5,211	2,435	559	283
New Orleans	448	193	178	77	13,165	9,017	4,491	851	384
Shreveport	377	211	114	52	9,494	5,851	3,489	866	269
Maine: Togus	413	148	52	212	6,579	3,541	1,534	2,527	320
Maryland:									
Baltimore	280	141	104	35	6,721	4,293	2,478	400	180
Ft. Howard	214	197	......	17	2,179	2,248	......	218	178
Perry Point	788	407	......	381	3,297	2,947	......	1,484	689
Massachusetts:									
Bedford	741	352	......	389	3,951	2,604	......	2,310	657
Boston	695	363	246	86	15,726	11,743	5,925	1,632	508
Brockton[8]	956	510	67	380	7,733	4,794	1,703	2,587	801
Northampton	539	237	......	302	2,513	1,817	......	1,499	441

See footnotes at end of table.

VA Medical Centers–Hospital Care Component: Selected Data–Fiscal Year 1985

Location	Average Operating Beds[1]				Patients Treated Total[2 3]	Episodes of Care[4]			Average Daily Census[5]
	Total	Bed Section[6]				Bed Section[6]			
		Medical[7]	Surgical	Psychiatric		Medical[7]	Surgical	Psychiatric	
Michigan:									
Allen Park	539	269	150	120	14,613	10,847	3,301	1,586	431
Ann Arbor	291	131	103	58	12,157	8,354	4,018	874	242
Battle Creek	828	364	......	465	5,102	2,773	......	3,069	699
Iron Mountain	200	117	79	5	5,560	4,156	1,554	94	136
Saginaw	152	109	43	......	3,959	2,821	1,278	......	111
Minnesota:									
Minneapolis	711	346	266	99	20,270	13,849	6,531	1,534	547
St. Cloud	653	341	......	312	3,423	1,720	......	2,365	448
Mississippi:									
Biloxi[8]	712	252	61	399	7,253	4,479	2,270	2,214	493
Jackson	432	221	141	70	14,511	10,045	3,724	1,434	333
Missouri:									
Columbia	336	140	136	60	7,724	4,027	3,983	646	237
Kansas City	402	168	144	90	11,975	8,727	3,482	1,299	345
Poplar Bluff	176	139	37	......	4,099	3,205	1,117	......	121
St. Louis[8]	838	412	173	253	18,732	13,744	4,413	3,099	641
Montana:									
Ft. Harrison	142	98	44	......	3,219	2,205	1,213	......	98
Miles City	92	73	19	......	1,579	1,380	548	......	42
Nebraska:									
Grand Island	162	130	32	......	2,939	2,337	843	......	102
Lincoln	180	67	55	58	4,306	2,055	1,429	1,317	129
Omaha	373	188	118	68	8,543	6,053	2,707	925	279
Nevada: Reno	189	87	70	32	5,055	3,137	2,093	563	138
New Hampshire: Manchester	164	89	45	30	3,655	2,303	1,276	483	127
New Jersey:									
East Orange	876	541	222	113	15,895	12,732	4,066	1,191	673
Lyons	1,168	427	......	741	4,437	3,323	......	2,965	964
New Mexico: Albuquerque	370	166	139	65	9,406	6,118	3,167	842	254
New York:									
Albany	618	352	167	99	9,660	6,436	2,976	1,440	454
Batavia	203	203	......	......	1,759	1,919	......	......	139
Bath	208	182	......	26	2,022	1,675	......	599	196
Bronx	656	358	235	63	13,681	10,648	3,653	930	457
Brooklyn[8]	923	602	219	102	18,243	14,953	3,292	1,844	635
Buffalo	737	424	189	124	15,030	10,492	4,144	2,024	642
Canandaigua	925	582	......	343	2,785	2,479	......	1,717	784
Castle Point	256	186	70	......	4,158	2,694	1,966	......	183
Montrose	1,221	443	......	778	4,043	2,464	......	3,842	905
New York	831	410	274	146	14,486	10,074	4,255	1,589	618
Northport	792	302	154	336	13,887	9.168	4,107	2,620	667
Syracuse	334	139	131	64	6,097	3,709	2,353	528	220
North Carolina:									
Asheville	518	350	139	30	8,664	6,084	3,130	410	401
Durham	438	176	186	76	10,495	6,011	4,194	1,018	375
Fayetteville	308	196	81	31	5,997	4,973	2,012	509	226
Salisbury	801	354	40	407	5,995	2,566	836	3,338	698
North Dakota: Fargo	164	98	66	......	4,624	3,652	1,141	......	136
Ohio:									
Chillicothe	804	374	......	430	6,705	5,598	......	3,077	599
Cincinnati	320	120	118	82	10,214	6,523	3,174	1,246	254
Cleveland[8]	1,298	440	252	606	17,650	12,076	3,621	4,093	815
Dayton	540	336	159	45	9,547	6,888	2,730	1,137	411
Oklahoma:									
Muskogee	195	116	79	......	4,535	3,099	1,726	......	141
Oklahoma City	423	183	139	102	13,150	8,846	3,845	1,350	313
Oregon:									
Portland[8]	585	328	184	73	15,314	11,709	4,137	1,214	397
Roseburg	339	158	22	159	4,395	3,251	664	1,542	202
Pennsylvania:									
Altoona	115	84	30	......	2,702	2,494	902	......	81
Butler	279	279	......	......	2,560	3,093	......	......	211
Coatesville	1,032	346	......	686	4,774	1,654	......	4,112	844
Erie	138	98	40	......	3,196	2,152	1,491	......	110
Lebanon	825	398	29	398	3,634	2,959	649	1,279	611
Philadelphia	408	189	176	43	10,740	7,214	3,678	878	312
Pittsburgh (Highland Drive)	707	352	......	355	3,717	1,774	......	2,872	536
Pittsburgh (University Drive)[8]	630	435	195	......	13,265	10,638	4,047	......	454
Wilkes-Barre	462	229	121	112	6,681	3,827	2,201	1,599	352
Puerto Rico: San Juan	692	279	173	240	16,716	10,437	4,278	3,172	640
Rhode Island: Providence	276	142	83	52	8,785	7,857	2,010	672	220
South Carolina:									
Charleston	286	128	106	53	7,272	4,559	2,757	820	225
Columbia	460	232	168	60	9,919	6,350	3,411	920	348
South Dakota:									
Ft. Meade	325	157	25	143	3,127	1,319	1,153	1,297	265
Hot Springs	215	142	34	39	4,021	3,198	972	585	146
Sioux Falls	246	117	91	36	4,681	2,665	1,846	456	161

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Selected Data—Fiscal Year 1985

Location	Average Operating Beds[1]				Patients Treated Total [2] [3]	Episodes of Care[4]			Average Daily Census [5]
	Total	Bed Section[6]				Bed Section[6]			
		Medical[7]	Surgical	Psychiatric		Medical[7]	Surgical	Psychiatric	
Tennessee:									
Memphis	886	503	203	180	17,658	14,314	6,115	2,403	628
Mountain Home	467	257	136	73	7,443	4,324	2,684	1,332	366
Murfreesboro	587	266	10	310	3,317	1,877	110	1,921	484
Nashville	467	225	196	46	12,728	9,342	4,169	855	340
Texas:									
Amarillo	128	62	66	......	4,180	2,547	2,017	......	99
Big Spring	209	118	46	45	3,277	2,255	1,426	1,044	151
Bonham	78	63	......	15	2,240	2,123	......	271	67
Dallas	663	263	230	170	17,410	10,566	6,035	2,293	538
Houston	1,007	430	223	354	19,170	11,413	5,819	3,791	835
Kerrville	256	196	60	......	5,561	4,615	1,414	......	191
Marlin	202	202	......	......	2,183	2,315	......	......	169
San Antonio	668	282	207	180	20,394	14,448	5,426	2,276	518
Temple	561	275	196	90	10,326	6,036	3,737	1,275	384
Waco	849	372	......	477	4,242	1,850	......	3,377	695
Utah: Salt Lake City	380	181	109	89	11,047	7,306	3,052	1,764	268
Vermont: White River Junction	193	82	78	33	4,733	2,679	1,683	564	142
Virginia:									
Hampton	408	206	92	110	7,045	4,628	1,927	1,154	327
Richmond	694	460	154	80	16,272	13,258	3,632	1,406	536
Salem	727	322	76	329	7,834	6,265	2,411	2,582	596
Washington:									
American Lake	423	132	......	291	3,767	2,255	......	1,902	308
Seattle	310	143	99	68	9,002	6,029	2,617	1,038	258
Spokane	178	104	74	......	3,879	2,763	1,772	......	130
Walla Walla	148	89	23	37	2,436	1,858	375	605	95
West Virginia:									
Beckley	174	114	60	......	4,833	3,951	1,331	......	134
Clarksburg	216	93	86	37	6,044	4,054	1,671	755	172
Huntington	180	113	67	......	4,319	2,887	1,872	......	137
Martinsburg	357	270	57	30	6,595	5,133	1,686	497	291
Wisconsin:									
Madison	306	151	131	24	8,901	6,417	3,020	355	206
Tomah	798	333	......	465	3,831	2,591	......	2,238	504
Wood	698	377	227	94	14,559	9,604	4,192	2,041	447
Wyoming:									
Cheyenne	126	89	32	5	2,492	1,976	562	68	79
Sheridan	339	127	......	212	1,963	1,242	......	1,129	274

---

[1] *Based on the number of operating beds at the end of each month for 13 consecutive months (September 1984 September 1985).*

[2] *Based on the number of discharges and deaths during FY 1985, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1985. Interhospital transfers are excluded from the overall total but are included in the individual hospital totals.*

[3] *Beginning with FY 1973, patients coming to VA hospitals for chronic dialysis are considered to be inpatients; there were 245,474 patients treated for one day during fiscal year 1985.*

[4] *Based on the number of discharges and deaths during FY 1985, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1985. Interhospital transfers (34,029) are excluded from the overall totals. Intrahospital transfers (i.e., movement of patients from one type of bed section to another) are included in both the overall bed section totals and in the individual hospital bed section totals.*

[5] *Based on total patient days during FY 1985 divided by the number of days in the fiscal year.*

[6] *Beds are classified according to their intended use, patients are classified according to the classification of the beds they occupy, rather than on diagnostic basis.*

[7] *Medical bed section includes medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine, and blind rehabilitation.*

[8] *Includes data for two divisions of the VA medical center.*

Non-VA Hospitals[1] : Selected Data—Fiscal Year 1985

Location of Authorizing VA Facility	Average Daily Census[2]	Admissions	Discharges and Deaths	Patients Treated[3]				Patients Remaining on Sept. 30, 1985[4]
				Total	Federal Hospitals	State and Local Government Hospitals	Non-Public Hospitals	
Total	948	30,535	30,571	31,307	2,580	8,746	19,981	736
Medical Bed Section Total	350	19,929	19,873	20,110	1,756	5,661	12,693	237
Surgical Bed Section Total	101	3,889	3,944	3,991	558	914	2,519	47
Psychiatric Bed Section Total	496	6,717	6,754	7,206	266	2,171	4,769	452
Alabama:								
Montgomery	2	186	186	186	......	104	82	......
Tuscaloosa	......	3	2	3	......	3	......	1
Tuskegee	......	1	1	1	......	......	1	......
Alaska: Anchorage (RO)	117	5,011	4,918	5,109	250	144	4,715	191
Arizona:								
Phoenix	5	287	283	287	......	24	263	4
Tucson	2	124	129	129	......	114	15	......
Arkansas: Little Rock	5	368	368	368	......	123	245	......
California:								
Fresno	......	28	28	28	......	28	......	......
Loma Linda	......	61	65	65	......	65	......	......
Long Beach	......	82	82	82	......	30	52	......
Los Angeles (OC)	5	484	481	484	......	148	336	3
Martinez	......	5	5	5	......	5	......	......
San Diego	1	110	110	110	......	32	78	......
San Francisco	9	716	716	716	1	478	237	......
West Los Angeles (Wadsworth)	......	32	31	32	......	......	32	1
Colorado:								
Denver	2	132	130	132	......	44	88	2
Fort Lyon	......	1	1	1	......	1	......	......
Connecticut: Newington	2	100	100	100	......	17	83	......
Delaware: Wilmington	......	18	18	19	......	......	19	1
District of Columbia: Washington	2	51	50	51	36	......	15	1
Florida:								
Bay Pines	34	2,556	2,554	2,576	......	1,011	1,565	22
Gainesville	......	8	8	8	......	......	8	......
Lake City	......	1	1	1	......	1	......	......
Miami	8	556	555	558	......	558	......	3
Tampa	......	34	32	34	......	......	34	2
Georgia:								
Atlanta	5	405	405	405	......	405	......	......
Augusta	......	18	18	18	......	18	......	......
Hawaii: Honolulu (RO)	59	1,779	1,806	1,851	1,163	325	363	45
Idaho: Boise	1	186	186	186	......	120	66	......
Illinois:								
Chicago (Lakeside)	......	......	......	......	......	......	......	......
Chicago (West Side)	6	381	381	381	......	161	220	......
Danville	......	16	16	16	......	......	16	......
Marion	......	13	13	13	......	13	......	......
North Chicago	1	1	......	1	......	1	......	1
Indiana: Indianapolis	6	296	295	298	......	141	157	3
Iowa:								
Des Moines	1	60	60	60	......	13	47	......
Iowa City	1	125	125	125	......	117	8	......
Kansas:								
Leavenworth	......	5	5	5	......	2	3	......
Topeka	......	7	8	8	......	8	......	......
Wichita	1	82	82	82	......	......	82	......
Kentucky:								
Lexington	......	28	28	28	......	28	......	......
Louisville	1	121	122	122	......	93	29	......
Louisiana:								
Alexandria	......	3	3	3	......	......	3	......
New Orleans	7	535	547	547	......	33	514	......
Shreveport	2	117	117	117	1	......	116	......
Maine: Togus	2	179	179	179	......	......	179	......
Maryland:								
Baltimore	3	73	71	75	......	3	72	4
Perry Point	......	4	4	4	......	......	4	......
Massachusetts:								
Bedford	......	12	12	12	......	......	12	......
Boston (OC)	3	243	243	243	......	12	231	......
Northampton	......	9	9	9	......	4	5	......
Michigan:								
Allen Park	8	310	310	310	......	126	184	......
Ann Arbor	......	44	43	44	......	44	......	1
Battle Creek	......	44	44	44	......	44	......	......
Iron Mountain	......	16	16	16	......	16	......	......
Minnesota: Minneapolis	9	478	478	478	......	215	263	......
Mississippi: Jackson	2	97	97	98	......	44	54	1
Missouri:								
Columbia	......	16	18	18	......	18	......	......
Kansas City	2	176	176	176	......	......	176	......
St. Louis	2	60	60	60	......	......	60	......
Montana: Fort Harrison	1	164	164	164	......	......	164	......
Nebraska:								
Grand Island	......	1	1	1	......	1	......	......
Lincoln	1	62	62	62	......	9	53	......
Omaha	......	21	21	21	......	16	5	......
Nevada:								
Las Vegas (OC)	5	189	193	193	......	61	132	......
Reno	2	137	135	137	......	126	11	2

See footnotes at end of table.

Non-VA Hospitals[1] : Selected Data—Fiscal Year 1985

Location of Authorizing VA Facility	Average Daily Census [2]	Admissions	Discharges and Deaths	Patients Treated[3]				Patients Remaining on Sept. 30, 1985 [4]
				Total	Federal Hospitals	State and Local Government Hospitals	Non-Public Hospitals	
New Hampshire: Manchester	1	99	101	102	......	......	102	1
New Jersey:								
East Orange	3	276	278	278	......	14	264	......
Lyons	......	2	2	2	......	......	2	......
New Mexico: Albuquerque	1	70	70	70	......	......	70	......
New York:								
Albany	1	33	33	33	......	......	33	......
Batavia	......	3	3	3	......	3	......	......
Bath	......	4	4	4	......	......	4	......
Brooklyn	1	156	156	156	......	156	......	......
Buffalo	1	61	61	61	......	8	53	......
Canandaigua	......	1	1	1	......	1	......	......
New York	3	189	189	189	......	94	95	......
Syracuse	1	90	91	91	......	......	91	......
North Carolina:								
Asheville	......	21	21	21	......	......	21	......
Durham	1	50	48	50	......	......	50	2
Salisbury	6	268	268	268	......	88	180	......
North Dakota:								
Fargo	6	366	361	370	243	1	126	9
Ohio:								
Chillicothe	......	3	2	3	......	......	3	1
Cincinnati	2	124	123	124	......	101	23	1
Cleveland	2	172	172	172	......	35	137	......
Columbus (OC)	5	334	334	334	......	162	172	......
Oklahoma:								
Muskogee	9	285	285	287	1	286	......	2
Oklahoma City	......	34	34	34	......	27	7	......
Oregon:								
Portland	3	335	335	335	......	26	309	......
Roseburg	......	1	1	1	......	1	......	......
White City (Dom)	......	38	38	38	......	......	38	......
Pennsylvania:								
Altoona	1	87	87	87	......	......	87	......
Butler	......	12	12	12	......	12	......	......
Coatesville	......	26	24	26	......	26	......	2
Erie	......	24	24	24	......	24	......	......
Lebanon	1	113	113	114	......	4	110	1
Philadelphia	8	325	324	325	......	47	278	1
Pittsburgh (Univ. Dr.)	......	29	29	29	......	......	29	......
Pittsburgh (Highland Dr.)	1	45	46	47	......	......	47	1
Wilkes-Barre	5	260	258	263	......	24	239	5
Philippines: Manila (RO)	48	1,012	1,008	1,057	......	1,036	21	49
Puerto Rico: San Juan	430	3,439	3,565	3,894	......	544	3,350	329
Rhode Island: Providence	2	189	188	190	......	26	164	2
South Carolina: Columbia	5	123	121	123	......	34	89	2
South Dakota:								
Fort Meade	......	7	7	7	......	7	......	......
Sioux Falls	......	29	29	29	......	......	29	......
Tennessee:								
Mountain Home	......	18	18	18	......	18	......	......
Murfreesboro	......	5	5	5	......	......	5	......
Nashville	4	315	315	315	......	151	164	......
Texas:								
Amarillo	6	212	214	214	......	7	207	......
Dallas	3	196	196	196	......	123	73	......
El Paso (OC)	24	980	981	999	592	86	321	18
Houston	3	807	807	807	......	5	802	......
Kerrville	......	1	1	1	......	......	1	......
San Antonio	5	238	238	241	60	61	120	3
Waco	3	92	92	92	......	35	57	......
Utah: Salt Lake City	......	38	38	38	......	......	38	......
Vermont: White River Junction	1	84	83	84	......	1	83	1
Virginia:								
Richmond	......	13	13	13	......	13	......	......
Salem	3	191	189	191	......	7	184	2
Washington:								
American Lake	5	241	233	241	233	......	8	8
Seattle	4	388	384	390	......	98	292	......
West Virginia:								
Beckley	......	5	5	5	......	5	......	......
Huntington	2	142	141	142	......	142	......	1
Martinsburg	......	9	9	9	......	9	......	......
Wisconsin: Wood	5	293	292	293	......	12	281	1
Wyoming:								
Cheyenne	......	39	39	39	......	39	......	......
Sheridan	......	25	25	25	......	......	25	......

---

[1] *Excludes State Home hospitals. As reported by authorizing VA facility.*

[2] *Based on the number of patient days during the fiscal year divided by the number of days in the year rounded to the nearest whole number.*

[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

[4] *Total on rolls (bed occupants and patients on authorized leave of absence).*

NOTE: Excludes one-day dialysis visits.

VA Medical Centers—Hospital Care Component: Patients Remaining, Type of Patient, Percent Hospitalized in Reported State of Residence[1]*— September 30, 1985*

Reported State of Residence	All Patients			Type of Patient					
				Medical and Surgical		Psychotic		Other Psychiatric	
	Total	Hospitalized in Same State		Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State
		Number	Percent						
Total	53,439	46,681	87.4	33,184	87.6	13,778	87.7	6,477	85.3
United States	52,803	46,069	87.2	32,777	87.5	13,585	87.5	6,441	85.3
Alabama	1,281	1,137	88.8	646	86.4	470	92.8	165	96.7
Alaska	5	......	.....	5	.....	......	.....	......	.....
Arizona	678	608	89.7	504	92.5	71	76.1	103	85.4
Arkansas	915	795	86.9	652	84.8	146	91.1	117	93.2
California	3,526	3,434	97.4	2,304	97.9	698	96.4	524	96.4
Colorado	551	467	84.8	228	91.7	189	89.4	134	66.4
Connecticut	547	405	74.0	306	85.6	140	43.6	101	81.2
Delaware	157	83	52.9	103	79.6	41	2.4	13	.....
District of Columbia	327	246	75.2	209	89.5	76	28.9	42	88.1
Florida	2,024	1,772	87.5	1,501	91.7	311	69.8	212	84.0
Georgia	1,436	1,142	79.5	878	79.7	391	81.1	167	74.9
Hawaii	6	......	.....	4	.....	1	.....	1	.....
Idaho	166	74	44.6	138	44.2	11	54.5	17	41.2
Illinois	2,462	2,104	85.5	1,467	82.8	691	90.3	304	87.5
Indiana	1,109	862	77.7	637	72.7	366	86.9	106	76.4
Iowa	650	560	86.2	395	82.3	148	93.2	107	90.7
Kansas	836	726	86.8	441	82.8	254	89.8	141	94.3
Kentucky	842	602	71.5	575	69.2	140	73.6	127	79.5
Louisiana	852	733	86.0	649	92.6	120	52.5	83	83.1
Maine	339	307	90.6	204	89.7	89	93.3	46	89.1
Maryland	1,062	801	75.4	578	68.9	350	89.7	134	66.4
Massachusetts	2,117	2,014	95.1	994	92.0	877	98.5	246	95.9
Michigan	1,536	1,473	95.9	795	94.6	562	98.0	179	95.0
Minnesota	885	793	89.6	486	85.8	248	96.0	151	91.4
Mississippi	722	543	75.2	517	75.2	160	76.3	45	71.1
Missouri	1,281	1,002	78.2	957	81.5	217	68.2	107	69.2
Montana	248	140	56.5	168	73.2	40	5.0	40	37.5
Nebraska	463	378	81.6	331	87.6	59	59.3	73	72.6
Nevada	160	97	60.6	130	63.8	18	61.1	12	25.0
New Hampshire	210	106	50.5	146	52.7	30	20.0	34	67.6
New Jersey	1,599	1,370	85.7	812	84.4	630	88.3	157	82.2
New Mexico	261	203	77.8	164	89.0	51	52.9	46	65.2
New York	5,157	5,036	97.7	3,155	98.3	1,473	97.1	529	95.3
North Carolina	1,532	1,420	92.7	959	91.8	419	95.5	154	90.9
North Dakota	127	73	57.5	71	83.1	33	21.2	23	30.4
Ohio	1,896	1,656	87.3	1,231	85.8	428	91.1	237	88.6
Oklahoma	533	390	73.2	362	85.9	71	35.2	100	54.0
Oregon	494	438	88.7	365	87.9	55	85.5	74	94.6
Pennsylvania	3,083	2,874	93.2	1,520	91.4	1,194	94.9	369	95.1
Rhode Island	211	151	71.6	162	84.6	37	18.9	12	58.3
South Carolina	830	472	56.9	614	64.0	154	31.8	62	48.4
South Dakota	453	400	88.3	229	84.3	136	92.6	88	92.0
Tennessee	1,322	1,255	94.9	940	96.3	283	93.6	99	85.9
Texas	3,576	3,372	94.3	2,397	94.0	722	95.8	457	93.7
Utah	200	174	87.0	102	96.1	55	69.1	43	88.4
Vermont	104	84	80.8	70	85.7	14	71.4	20	70.0
Virginia	1,407	1,158	82.3	956	81.4	338	88.2	113	72.6
Washington	680	587	86.3	509	85.9	114	92.1	57	78.9
West Virginia	671	461	68.7	481	81.1	103	24.3	87	52.9
Wisconsin	1,066	933	87.5	634	86.1	297	89.9	135	88.9
Wyoming	208	158	76.0	96	65.6	64	90.6	48	77.1
Outside United States	636	612	96.2	407	94.8	193	99.0	36	97.2
Puerto Rico	617	612	99.2	391	98.7	191	100.0	35	100.0
Others	19	......	.....	16	.....	2	......	1	.....

---

[1] *A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 7 percent of the FY 1985 records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years.*

VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group[1]*--September 1985*

Diagnostic Composition of Patients[2]	All Patients	Period of Service							Average Age	Age						
		Post Vietnam[3]	Vietnam Era	Post Korean[4]	Korean Conflict[5]	WW II	WW I	All Others[6]		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All diseases and conditions	53,439	2,487	10,062	3,448	6,932	27,953	1,716	841	57.5	4,826	6,986	6,660	16,833	12,762	3,446	1,926
I. Infectious and parasitic diseases	589	26	96	38	79	304	35	11	59.0	41	80	74	185	132	37	40
Pulmonary tuberculosis (011)	137	...	27	12	29	60	6	3	57.3	5	21	25	53	21	5	7
Tuberculosis, other (010, 012-018)	15	...	3	1	2	7	2	...	([7])	1	3	1	3	3	2	2
Tuberculosis, late effects (137)	...	...	...	...	...	...	...	...	.....	...	...	...	...	...	...	...
All other infectious and parasitic diseases (001-009, 020-136)	437	26	66	25	48	237	27	8	59.4	35	56	48	129	108	30	31
Late effects of other infectious and parasitic diseases (138-139)	...	...	...	...	...	...	...	...	.....	...	...	...	...	...	...	...
II. Neoplasms	4,899	38	286	172	611	3,571	135	86	63.8	49	130	434	2,039	1,699	398	150
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0)	437	...	28	21	73	304	2	9	61.4	...	15	61	217	128	14	2
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9)	826	4	32	22	105	615	32	16	64.9	8	8	59	353	298	65	35
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	1,231	2	59	43	158	928	22	19	63.9	1	19	112	547	438	92	22
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	228	1	7	10	39	163	2	6	61.8	...	6	26	117	65	10	4
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	290	9	28	14	34	195	5	5	61.7	8	18	32	106	96	24	6
Malignant neoplasm of genitourinary organs (179-189, 233)	730	3	23	13	58	580	44	9	67.4	3	8	31	236	305	101	46
Malignancies of all other systems (170-175, 190-199, 232, 234)	869	13	87	39	114	579	22	15	62.2	22	47	82	356	266	69	27
Neoplasms, benign (210-229)	218	4	19	8	26	153	2	6	62.2	4	8	28	85	74	16	3
Neoplasms of unspecified nature (235-239)	70	2	3	2	4	54	4	1	([7])	3	1	3	22	29	7	5
III. Endocrine, nutritional and metabolic diseases and immunity disorders	1,120	24	142	73	179	644	40	18	60.8	34	90	156	414	302	82	42
Diabetes mellitus (250)	715	11	79	39	122	437	16	11	60.9	13	43	109	296	192	46	16
Diseases of the endocrine glands (240-246, 251-259)	97	1	14	12	11	54	2	3	([7])	2	13	15	30	29	6	2
Gout (274)	27	...	2	...	5	19	...	1	([7])	...	...	1	16	6	4	...
Obesity (278.0-278.1)	13	1	3	1	3	5	...	...	([7])	...	4	2	4	3	...	...
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	216	3	19	15	31	123	22	3	65.7	5	10	19	64	68	26	24
Disorders involving the immune mechanisms (279)	52	8	25	6	7	6	...	...	([7])	14	20	10	4	4	...	...
IV. Diseases of the blood and blood-forming organs	217	2	16	10	29	143	14	3	65.2	6	8	18	69	68	31	17
Anemias (280-282.4, 282.7-285)	150	...	11	5	18	104	11	1	66.6	2	6	10	46	49	24	13
Sickle-cell trait and sickle-cell anemia (282.5-282.6)	3	1	1	1	...	...	...	...	([7])	2	...	1	...	...	...	...
Other diseases of the blood and blood-forming organs (286-289)	64	1	4	4	11	39	3	2	([7])	2	2	7	23	19	7	4

182

V. Mental Disorders	20,255	1,547	6,049	1,640	2,641	7,626	450	302	52.0	3,251	4,318	2,939	5,118	3,227	891	511
Alcohol psychosis (291)	863	5	58	31	135	616	6	12	62.8	12	28	79	363	310	65	6
Drug psychosis (292)	31	6	8	3	2	10	2	...	(⁷)	10	3	4	6	4	2	2
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	2,227	12	123	81	174	1,559	231	47	68.4	30	69	126	539	813	383	267
Schizophrenic disorders (295)	7,982	734	2,488	766	1,184	2,611	69	130	49.1	1,557	1,773	1,355	2,137	947	140	73
Other psychoses (296-299)	2,675	169	626	210	381	1,215	41	33	54.4	292	482	398	821	511	118	53
Neurotic disorders (300)	630	57	233	36	87	206	3	8	49.2	111	164	89	166	85	12	3
Personality disorders (301)	292	48	156	19	29	37	...	3	40.7	110	93	39	37	9	4	...
Alcohol dependence or abuse (303, 305.0)	3,031	293	1,239	362	458	644	...	35	45.9	609	913	619	668	203	18	1
Drug dependence or abuse (304, 305.1-305.9)	555	127	373	23	11	15	...	6	34.8	288	217	34	14	2	...	...
Other nonpsychotic mental disorders (302, 306-319)	1,969	96	745	109	180	713	98	28	53.5	232	576	196	367	343	149	106
VI. Diseases of the nervous system and sense organs	3,226	71	312	173	366	2,150	115	39	62.5	125	192	315	1,071	1,083	311	129
Quadriplegia (344.0)	97	6	24	13	14	37	1	2	(⁷)	11	17	17	30	16	5	1
Paraplegia (344.1)	28	1	4	2	2	18	1	...	(⁷)	3	2	4	9	8	1	1
Epilepsy (345)	198	15	31	9	30	108	3	2	57.0	19	21	25	74	43	13	3
Disorders of the peripheral nervous system (350-359)	216	5	29	7	26	139	6	4	59.8	11	19	22	90	59	9	6
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349)	2,322	38	199	127	251	1,600	80	27	63.3	76	117	219	731	839	248	92
Glaucoma (365)	12	...	1	1	1	7	2	...	(⁷)	...	...	1	5	2	2	2
Cataract (366)	145	...	5	3	15	109	11	2	67.0	...	1	9	57	50	17	11
Blindness (369)	15	...	...	1	2	7	5	...	(⁷)	...	1	2	2	4	...	6
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	124	3	9	8	16	81	6	1	64.0	2	8	10	43	40	15	6
Diseases of the ear and mastoid process (380-389)	69	3	10	2	9	44	...	1	(⁷)	3	6	6	30	22	1	1
VII. Diseases of the circulatory system	6,243	49	404	298	834	4,290	267	101	63.8	67	215	657	2,454	2,032	511	307
Chronic rheumatic heart disease (393-398)	42	...	3	4	5	29	...	1	(⁷)	1	1	7	23	9	1	...
Hypertensive disease without heart involvement (401, 403, 405)	271	2	30	20	46	165	5	3	60.3	6	19	47	108	69	16	6
Hypertensive heart disease (402, 404)	89	2	3	2	18	59	5	...	(⁷)	...	2	12	34	28	9	4
Acute myocardial infarction (410)	406	2	33	21	61	274	9	6	63.0	...	16	53	178	114	31	14
Other ischemic heart disease (411-414)	1,171	7	98	74	180	752	40	20	62.2	3	59	167	507	319	66	50
Other forms of heart disease (391, 392.0, 420-429)	1,283	11	66	49	153	888	93	23	65.4	17	35	101	480	420	125	105
Cerebrovascular diseases (430-438)	1,539	7	74	51	174	1,142	65	26	65.5	9	26	122	560	596	153	73
Atherosclerosis (440)	154	1	8	3	27	104	10	1	65.5	...	1	20	53	53	16	11
Other diseases of arteries, arterioles and capillaries (441-448)	753	6	32	33	95	556	19	12	63.9	9	16	62	306	283	57	20
Varicose veins of lower extremities (454)	121	...	8	8	18	80	6	1	63.7	2	5	14	46	34	14	6
Hemorrhoids (455)	62	3	10	10	9	29	...	1	(⁷)	4	12	8	26	11	...	1
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	352	8	39	23	48	212	15	7	61.0	16	23	44	133	96	23	17
VIII. Diseases of the respiratory system	2,634	31	152	86	310	1,877	138	40	64.7	52	87	199	963	888	301	144
Acute respiratory infections (460-466)	102	2	13	6	12	66	2	1	62.3	4	6	10	35	34	11	2
Pneumonia and influenza (480-487)	616	9	38	16	72	396	73	12	66.5	16	24	40	187	181	91	77
Chronic bronchitis (491)	148	...	4	10	18	109	5	2	63.9	...	2	16	63	54	9	4
Emphysema (492)	69	...	3	2	10	49	2	3	(⁷)	1	3	5	24	25	10	1
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	1,699	20	94	52	198	1,257	56	22	64.3	31	52	128	654	594	180	60

See footnotes at end of table.

183

VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group[1]—September 30, 1985

Diagnostic Composition of Patients[2]	All Patients	Period of Service							Average Age[7]	Age[8]						
		Post Vietnam[3]	Vietnam Era	Post Korean[4]	Korean Conflict[5]	WW II	WW I	All Others[6]		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
IX. Diseases of the digestive system	2,947	78	404	182	438	1,695	111	39	60.2	107	281	412	1,040	793	189	125
Diseases of oral cavity, salivary glands and jaws (520-529)	93	2	13	6	16	51	4	1	(7)	5	7	15	34	27	1	4
Ulcers of the digestive system (530.2, 531-534)	292	6	29	21	33	180	17	6	62.2	8	24	33	99	86	23	19
Other diseases of the esophagus, stomach and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	267	5	33	11	52	150	15	1	61.1	11	19	34	97	73	17	16
Hernia of the abdominal cavity (550-553)	375	7	40	18	58	231	12	9	61.1	12	23	50	144	105	27	14
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	970	30	126	55	109	602	42	6	61.5	40	78	113	315	291	82	51
Alcohol related liver disorders (571.0-571.3)	315	8	52	36	62	151	1	5	56.0	9	41	67	136	54	7	1
Other diseases of the liver, gall bladder, and pancreas (570, 571.4-577)	635	20	111	35	108	330	20	11	58.5	22	89	100	215	157	32	20
X. Diseases of the genitourinary system	1,631	41	143	85	188	1,038	110	26	63.7	57	90	167	505	529	161	122
Nephritis, nephrotic syndrome, and nephrosis (580-589)	248	4	24	18	26	155	16	5	63.2	8	17	29	74	79	23	18
Other diseases of the urinary system (590-599)	790	30	85	40	91	467	61	16	63.1	39	51	88	231	230	81	70
Diseases of the prostate (600-602)	399	...	10	10	39	310	28	2	67.7	1	3	16	130	172	49	28
Other diseases of the male genital organs (603-608)	166	4	22	14	27	91	5	3	58.9	6	17	29	60	42	6	6
Disorders of the breast and gynecological diseases (610-629)	28	3	2	3	5	15	...	...	(7)	3	2	5	10	6	2	...
XI. Complications of pregnancy, childbirth, and puerperium (630-676)	...	...	...	...	...	...	...	...	(7)	...	...	...	...	...	...	...
XII. Diseases of the skin and subcutaneous tissue	1,230	42	230	95	181	631	39	12	57.7	73	174	194	405	263	79	42
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	459	16	74	39	77	236	14	3	58.3	25	55	75	163	91	35	15
Other diseases of skin and subcutaneous tissue (700-709)	771	26	156	56	104	395	25	9	57.3	48	119	119	242	172	44	27
XIII. Diseases of the musculoskeletal system and connective tissue	1,644	67	274	99	219	931	41	13	58.3	113	193	195	590	419	86	48
Osteoarthrosis and allied disorders (715)	290	3	20	9	28	210	15	5	64.4	5	10	19	112	105	24	15
Other arthropathies and related disorders (710-714, 716-719)	318	21	45	18	44	185	5	...	58.1	29	30	32	112	95	16	4
Dursopathies (720-724)	474	25	97	36	70	236	7	3	55.5	45	63	79	173	87	19	8
Rheumatism, excluding the back (725-729)	164	2	30	10	27	92	2	1	57.9	4	26	20	65	40	7	2
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739)	398	16	82	26	50	208	12	4	57.4	30	64	45	128	92	20	19
XIV. Congenital deformities (740-759)	66	2	13	3	11	32	5	...	(7)	2	12	11	21	13	2	5
XVI. Symptoms, signs and ill-defined conditions (780-799)	1,423	51	148	83	189	856	76	20	61.4	68	107	160	496	398	112	82

XVII. Injury and poisoning	1,740	102	271	117	219	892	89	50	58.3	178	190	213	552	385	121	101
Fracture of skull (800-804)	57	16	18	6	5	11	1	...	(⁷)	20	14	9	8	5	...	1
Fracture of neck and trunk (805-809)	148	12	31	8	12	57	9	19	53.6	30	24	18	30	23	14	9
Fracture of upper and lower limb (810-829)	516	21	51	32	67	276	58	11	63.6	28	39	57	152	122	53	65
Dislocations, sprains, and strains of joints and adjacent muscles (830-848)	82	5	20	4	21	30	...	2	(⁷)	14	10	17	24	14	3	...
Intracranial injury, excluding those with skull fracture (850-854)	97	9	31	8	6	34	2	7	(⁷)	21	20	10	23	16	4	3
Internal injury of chest, abdomen and pelvis (860-869)	27	2	6	2	5	12	...	...	(⁷)	1	7	6	6	5	2	...
Open wounds (870-897)	74	2	14	7	7	41	1	2	(⁷)	8	11	9	33	10	2	1
Burns (940-949)	42	7	8	5	3	18	...	1	(⁷)	7	9	6	15	5	...	...
Poisoning by drugs, medicinal, and biological substances (960-979)	46	5	12	2	6	20	...	1	(⁷)	11	5	7	10	11	2	...
Toxic effects of substances chiefly nonmedical as to source (980-989)	6	...	2	...	1	3	...	...	(⁷)	...	2	...	3	...	1	...
All other injuries (900-904, 910-939, 950-959, 990-995)	122	6	23	6	13	62	8	4	58.6	14	15	10	38	27	9	9
Complications of surgical and medical care, NEC (996-999)	523	17	55	37	73	328	10	3	60.3	24	34	64	210	147	31	13
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	...	...	...	...	...	...	...	...	.....	...	...	...	...	...	...	...
XVIII. Factors influencing health status and contact with health Services (V01-V82)	3,575	316	1,122	294	438	1,273	51	81	50.9	603	819	516	911	531	134	61

---

[1] A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 7 percent of the FY 1985 records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years.

[2] The diagnostic categories and selected diagnoses included in this table are based on the 'International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)', DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XI, 'Complication of Pregnancy, Childbirth and Puerperium' and Category XV, 'Conditions Originating in the Prenatal Period', in which no cases occurred, are not included in this table.

[3] Service on or after May 8, 1975.

[4] Service between February 1, 1955 and August 4, 1964.

[5] Service between June 22, 1950 and January 31, 1955.

[6] Consists of 10 Spanish-American War veterans, 648 peacetime, 116 active military, and 67 non-veterans.

[7] Average age not calculated for totals less than 100 cases.

[8] Age calculation has been changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.

TABLE 20

VA Medical Centers—Hospital Care Component: Patients Remaining, Percent By Attained Stay, Diagnostic Group[1]—September 30, 1985

Diagnostic Composition of Patients[2]	Total	Percent in Each Diagnostic Category for Specified Length of Stay						
		99 Days or Less	100 Days or More	More Than (Years)				
				1	2	5	10	20
All patients	53,439	76.9	23.1	12.8	9.3	4.7	1.9	.7
Psychotic	13,778	49.2	50.8	33.9	25.6	13.9	6.1	2.3
Alcohol psychoses (291)	863	32.1	67.9	46.5	32.9	15.2	4.6	.3
Drug psychoses (292)	31	71.0	29.0	22.6	16.1	6.5	3.2	.....
Other psychoses (290, 293-299)	12,884	50.3	49.7	33.1	25.1	13.9	6.2	2.5
Other psychiatric	6,477	82.8	17.2	8.1	6.1	2.8	1.0	.1
Alcohol dependence and abuse (303, 305.0)	3,031	96.4	3.6	.7	.3	.1	......	......
Drug dependence and abuse (304, 305.1-305.9)	555	89.7	10.3	.5	.2	.....	.....	.....
Other nonpsychotic mental disorders (300-302, 306-319)	2,891	67.3	32.7	17.4	13.2	6.3	2.1	.3
Medical and surgical	33,184	87.2	12.8	5.0	3.1	1.2	.3	.1
All infectious and parasitic diseases (001-139)	589	88.5	11.5	2.2	1.5	1.0	.5	.3
Malignant neoplasms (140-208, 230-234)	4,611	93.7	6.3	.9	.3	.1	......	.....
Benign and unspecified neoplasms (210-229, 235-239)	288	95.5	4.5	1.7	.7	.3	.....	.....
Diabetes mellitus (250)	715	86.7	13.3	2.4	1.1	.1	.....	.....
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278)	353	94.1	5.9	1.7	1.4	.8	.3	.3
Disorders involving the immune mechanisms (279)	52	88.5	11.5	.....	.....	.....	.....	.....
Diseases of the blood and blood-forming organs (280-289)	217	93.5	6.5	.....	.....	.....	.....	.....
Quadriplegia (344.0)	97	12.4	87.6	71.1	60.8	25.8	8.2	1.0
Paraplegia (344.1)	28	35.7	64.3	50.0	42.9	21.4	7.1	.....
Other diseases of the nervous system (320-343, 344.2-359)	2,736	44.8	55.2	34.3	23.1	8.8	1.9	.3
Diseases of the sense organs (360-389)	365	95.3	4.7	3.0	1.4	.3	.....	.....
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	2,991	95.6	4.4	1.2	.7	.2	.1	......
Cerebrovascular diseases (430-438)	1,539	79.7	20.3	6.4	3.7	1.2	.2	.....
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	1,713	91.8	8.2	1.6	.6	.2	.1	.1
Acute respiratory diseases (460-466, 480-487)	718	94.3	5.7	1.4	.6	.3	.....	.....
Chronic bronchitis and emphysema (491-492)	217	84.3	15.7	4.1	2.8	.5	.....	.....
Other respiratory diseases (470-478, 490, 493-519)	1,699	86.9	13.1	4.5	2.4	.8	.2	.1
Diseases of the oral cavity, salivary glands, and jaws (520-529)	93	98.9	1.1	.....	.....	.....	.....	.....
Hernia of the abdominal cavity (550-553)	375	99.2	.8	.3	.....	.....	.....	.....
Alcohol-related liver diseases (571.0-571.3)	315	93.7	6.3	1.0	.6	.6	.....	.....
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	2,164	95.6	4.4	1.3	.6	.1	.1	.....
Diseases of the male genital organs (600-608)	565	97.3	2.7	.7	.2	.....	.....	.....
Other diseases of the genitourinary system (580-599)	1,038	90.2	9.8	3.1	1.6	.7	.2	.....
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676)	28	100.0	.....	.....	.....	.....	.....	.....
Diseases of the skin and subcutaneous tissue (680-709)	1,230	81.4	18.6	4.9	2.4	1.4	.6	.....
Diseases of the musculoskeletal system and connective tissue (710-739)	1,644	92.5	7.5	2.5	1.6	.9	.2	.1
Congenital anomalies (740-759)	66	87.9	12.1	3.0	1.5	1.5	.....	.....
Symptoms, signs and ill-defined conditions (780-799)	1,423	90.0	10.0	3.6	2.3	.7	.1	.....
Injuries and poisonings (800-904, 910-999)	1,740	88.6	11.4	1.8	1.0	.6	.2	.1
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	......	.....	.....	.....	.....	.....	.....	.....
Factors influencing health status and contact with health service (V01-V82)	3,575	91.9	8.1	.8	.4	.1	.1	.1
Supplementary classification of external causes of injury and poisoning (E800-E999)	.....	.....	.....	.....	.....	.....	.....	.....

---

[1] *A new Patient Treatment File System was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 7 percent of the FY 1985 records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

BEST COPY AVAILABLE

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, Diagnostic Group[1]
September 30, 1985

Diagnostic Composition of Patients[2]	Total		Age Group[3]													
			Under 35		35–44		45–54		55–64		65–74		75–84		85 and Over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All patients	53,439	100.0	4,826	100.0	6,986	100.0	6,660	100.0	16,833	100.0	12,762	100.0	3,446	100.0	1,926	100.0
Psychotic	13,778	25.8	1,901	39.4	2,355	33.7	1,962	29.5	3,866	23.0	2,585	20.3	708	20.6	401	20.8
Alcohol psychoses (291)	863	1.6	12	.3	28	.4	79	1.2	363	2.2	310	2.4	65	1.9	6	.3
Drug psychoses (292)	31	.1	10	.2	3	(4)	4	.1	6	(4)	4	(4)	2	.1	2	.1
Other psychoses (290, 293-299)	12,884	24.1	1,879	38.9	2,324	33.3	1,879	28.2	3,497	20.8	2,271	17.8	641	18.6	393	20.4
Other psychiatric	6,477	12.1	1,350	28.0	1,963	28.1	977	14.7	1,252	7.4	642	5.0	183	5.3	110	5.7
Alcohol dependence and abuse (303, 305.0)	3,031	5.7	609	12.6	913	13.1	619	9.3	668	4.0	203	1.6	18	.5	1	.1
Drug dependence and abuse (304, 305.1-305.9)	555	1.0	288	6.0	217	3.1	34	.5	14	.1	2	(4)	......	.....	......	.....
Other nonpsychotic mental disorders (300-302, 306-319)	2,891	5.4	453	9.4	833	11.9	324	4.9	570	3.4	437	3.4	165	4.8	109	5.7
Medical and surgical	33,184	62.1	1,575	32.6	2,668	38.2	3,721	55.9	11,715	69.6	9,535	74.7	2,555	74.1	1,415	73.5
All infectious and parasitic diseases (001-139)	589	1.1	41	.9	80	1.2	74	1.1	185	1.1	132	1.0	37	1.1	40	2.1
Malignant neoplasms (140-208, 230-234)	4,611	8.6	42	.9	121	1.7	403	6.1	1,932	11.5	1,596	12.5	375	10.9	142	7.4
Benign and unspecified neoplasms (210-229, 235-239)	288	.5	7	.2	9	.1	31	.5	107	.6	103	.8	23	.7	8	.4
Diabetes mellitus (250)	715	1.3	13	.3	43	.6	109	1.6	296	1.8	192	1.5	46	1.3	16	.8
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	353	.7	7	.2	27	.4	37	.6	114	.7	106	.8	36	1.0	26	1.4
Disorders involving the immune mechanisms (279)	52	.1	14	.3	20	.3	10	.2	4	(3)	4	(3)	......	.....	......	.....
Diseases of the blood and blood-forming organs (280-289)	217	.4	6	.1	8	.1	18	.3	69	.4	68	.5	31	.9	17	.9
Quadriplegia (344.0)	97	.2	11	.2	17	.2	17	.3	30	.2	16	.1	5	.2	1	.1
Paraplegia (344.1)	28	.1	3	.1	2	(4)	4	.1	9	.1	8	.1	1	(4)	1	.1
Other diseases of the nervous system (320-343, 344.2-359)	2,736	5.1	106	2.2	157	2.3	266	4.0	895	5.3	941	7.4	270	7.8	101	5.2
Diseases of the sense organs (360-389)	365	.7	5	.1	16	.2	28	.4	137	.8	118	.9	35	1.0	26	1.4
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	2,991	5.6	21	.4	113	1.6	340	5.1	1,222	7.3	890	7.0	232	6.7	173	9.0
Cerebrovascular diseases (430-438)	1,539	2.9	9	.2	26	.4	122	1.8	560	3.3	596	4.7	153	4.4	73	3.8
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	1,713	3.2	37	.8	76	1.1	195	2.9	672	4.0	546	4.3	126	3.7	61	3.2
Acute respiratory diseases (460-466, 480-487)	718	1.3	20	.4	30	.4	50	.8	222	1.3	215	1.7	102	3.0	79	4.1
Chronic bronchitis and emphysema (491-492)	217	.4	1	(4)	5	.1	21	.3	87	.5	79	.6	19	.6	5	.3
Other respiratory diseases (470-478, 490, 493-519)	1,699	3.2	31	.6	52	.7	128	1.9	654	3.9	594	4.7	180	5.2	60	3.1
Diseases of the oral cavity, salivary glands, and jaws (520-529)	93	.2	5	.1	7	.1	15	.2	34	.2	27	.2	1	(4)	4	.2
Hernia of the abdominal cavity (550-553)	375	.7	12	.3	23	.3	50	.8	144	.9	105	.8	27	.8	14	.7
Alcohol-related liver diseases (571.0-571.3)	315	.6	9	.2	41	.6	67	1.0	136	.8	54	.4	7	.2	1	.1
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	2,164	4.1	81	1.7	210	3.0	280	4.2	726	4.3	607	4.8	154	4.5	106	5.5
Diseases of the male genital organs (600-608)	565	1.1	7	.2	20	.3	45	.7	190	1.1	214	1.7	55	1.6	34	1.8
Other diseases of the genitourinary system (580-599)	1,038	1.9	47	1.0	68	1.0	117	1.8	305	1.8	309	2.4	104	3.0	88	4.6
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676)	28	.1	3	.1	2	(4)	5	.1	10	.1	6	.1	2	.1	......	.....
Diseases of the skin and subcutaneous tissue (680-709)	1,230	2.3	73	1.5	174	2.5	194	2.9	405	2.4	263	2.1	79	2.3	42	2.2
Diseases of the musculoskeletal system and connective tissue (710-739)	1,644	3.1	113	2.3	193	2.8	195	2.9	590	3.5	419	3.3	86	2.5	48	2.5
Congenital anomalies (740-759)	66	.1	2	(4)	12	.2	11	.2	21	.1	13	.1	2	.1	5	.3
Symptoms, signs, and ill-defined conditions (780-799)	1,423	2.7	68	1.4	107	1.5	160	2.4	496	3.0	398	3.1	112	3.3	82	4.3
Injuries and poisonings (800-904, 910-999)	1,740	3.3	176	3.7	190	2.7	213	3.2	552	3.3	385	3.0	121	3.5	101	5.2
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	......	.....	......	.....	......	.....	......	.....	......	.....	......	.....	......	.....	......	.....
Factors influencing health status and contact with health service (V01-V82)	3,575	6.7	603	12.5	819	11.7	516	7.8	911	5.4	531	4.2	134	3.9	61	3.2
Supplementary classification of external causes of injury and poisoning (E800-E999)	......	.....	......	.....	......	.....	......	.....	......	.....	......	.....	......	.....	......	.....

---

[1] *A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 7 percent of the FY 1985 records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years.*

[2] *The diagnostic categories and selected diagnosis included in this table are based on the "International Classifications of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnosis are the identifying code numbers of this diagnostic classification.*

[3] *Age calculation in the Patient Treatment File has been changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months as was done in previous years. This change may mean that totals for some age groups will not be fully comparable with previous years.*

[4] *Less than .05 percent.*

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, By State[1]
September 30, 1985

Location	Total	Age[3]						
		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
Total	53,439	4,826	6,986	6,660	16,833	12,762	3,446	1,926
Alabama:								
Birmingham	291	13	22	38	129	69	17	3
Montgomery	142	6	10	16	40	45	12	13
Tuscaloosa	422	55	72	73	100	86	22	14
Tuskegee	598	60	91	75	173	135	41	23
Arizona:								
Phoenix	339	37	64	24	95	80	31	8
Prescott	102	6	19	12	27	22	12	4
Tucson	173	10	12	23	59	46	10	13
Arkansas:								
Fayetteville	116	4	8	21	34	35	13	1
Little Rock (Little Rock)	322	15	20	43	124	95	17	8
Little Rock (North Little Rock)	501	42	84	78	138	121	23	15
California:								
Fresno	146	10	16	14	42	37	17	10
Livermore	96	1	6	11	25	29	19	5
Loma Linda	279	25	34	24	87	66	25	18
Long Beach	777	85	87	94	261	171	49	30
Martinez	322	15	33	36	110	79	28	21
Palo Alto (Palo Alto)[2]	333	37	60	23	94	83	19	17
Palo Alto (Menlo Park)[2]	135	39	66	18	11	1	......	......
San Diego	290	31	39	50	84	54	18	14
San Francisco[2]	156	8	23	13	54	37	17	4
Sepulveda	296	32	48	40	92	58	17	9
West Los Angeles (Brentwood)	426	131	116	53	70	41	12	3
West Los Angeles (Wadsworth)	307	12	21	34	121	72	34	13
Colorado:								
Denver	218	32	30	33	68	43	9	3
Fort Lyon	303	40	57	51	89	51	11	4
Grand Junction	72	......	16	13	19	21	......	3
Connecticut:								
Newington	113	7	13	11	42	24	11	5
West Haven	328	41	53	27	107	80	14	6
Delaware: Wilmington	178	2	7	18	66	59	17	9
District of Columbia: Washington	461	61	65	52	157	87	24	15
Florida:								
Bay Pines	381	27	44	42	100	86	45	37
Gainesville	374	29	56	46	139	76	19	9
Lake City	248	5	12	27	100	75	19	10
Miami	402	47	63	41	142	77	22	10
Tampa	466	52	61	57	163	97	25	11
Georgia:								
Atlanta	362	47	56	44	109	81	20	5
Augusta (Forest Hills)	273	23	31	35	95	73	8	8
Augusta (Lenwood)	532	75	114	75	145	97	21	5
Dublin	250	10	14	32	91	74	19	10
Idaho: Boise	82	3	19	6	23	20	6	5
Illinois:								
Chicago (Lakeside)	278	17	22	22	114	78	20	5
Chicago (West Side)	310	34	34	52	101	65	17	7
Danville	594	35	53	56	187	169	56	38
Hines[2]	409	60	85	53	123	68	17	3
Marion	136	1	11	16	42	43	14	9
North Chicago	658	56	98	78	216	158	38	14
Indiana:								
Fort Wayne	125	9	14	16	45	27	4	10
Indianapolis (W. Tenth St.)	260	8	18	25	99	88	18	4
Indianapolis (Cold Spr. Rd.)	75	30	23	9	9	4	......	......
Marion	492	49	58	67	152	119	29	18
Iowa:								
Des Moines	160	13	9	9	61	41	14	13
Iowa City	224	7	18	30	90	65	13	1
Knoxville	324	40	59	57	97	55	8	8
Kansas:								
Leavenworth	318	28	27	30	91	87	38	17
Topeka	540	72	124	74	132	85	36	17
Wichita	106	5	5	12	43	28	6	7
Kentucky:								
Lexington (Leestown)[2]	226	25	34	33	54	51	15	14
Lexington (Cooper Drive)[2]	198	4	19	23	77	56	16	3
Louisville	230	23	29	31	74	56	10	7
Louisiana:								
Alexandria	259	19	11	29	83	79	27	11
New Orleans	337	40	49	41	118	67	16	6
Shreveport	267	28	28	35	105	53	11	7

See footnotes at end of table.

VA Medical Centers–Hospital Care Component: Patients Remaining, Age, By State[1]
September 30, 1985

Location	Total	Age[1]						
		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
Maine: Togus	320	38	45	42	94	76	19	6
Maryland:								
Baltimore	169	16	29	19	59	35	7	4
Fort Howard	152	6	14	19	43	43	20	7
Perry Point	682	46	88	85	212	163	61	27
Massachusetts:								
Bedford	635	60	60	83	194	172	43	23
Boston	468	47	48	47	152	121	37	16
Brockton (Brockton)	623	54	73	98	204	141	35	18
Brockton (West Roxbury)	119	12	12	19	39	23	9	5
Northampton	456	40	101	58	108	98	32	19
Michigan:								
Allen Park	396	54	67	49	117	92	11	6
Ann Arbor	235	14	34	27	94	54	8	4
Battle Creek	694	125	166	102	151	120	16	14
Iron Mountain	135	5	10	13	47	45	12	3
Saginaw	89	3	5	7	27	31	5	11
Minnesota:								
Minneapolis	523	26	42	47	174	164	47	23
St. Cloud	405	40	49	50	121	101	30	14
Mississippi:								
Biloxi (Biloxi)	223	5	17	29	82	60	20	10
Biloxi (Gulfport)	214	35	48	39	71	19	2	......
Jackson	305	21	36	32	104	87	19	6
Missouri:								
Columbia	245	11	16	21	101	65	20	11
Kansas City	306	33	29	38	109	70	20	7
Poplar Bluff	97	......	5	10	30	37	8	7
St. Louis (John J. Cochran)	256	12	23	35	90	74	18	4
St. Louis (Jefferson Barracks)	353	58	67	50	106	54	14	4
Montana:								
Fort Harrison	96	8	14	15	30	20	5	4
Miles City	55	4	7	7	17	15	3	2
Nebraska:								
Grand Island	95	5	12	10	29	26	6	7
Lincoln	112	5	8	15	43	34	3	4
Omaha	231	24	14	27	78	62	16	10
Nevada: Reno	125	9	23	11	43	25	11	3
New Hampshire: Manchester	122	8	16	16	40	30	7	5
New Jersey:								
East Orange	548	34	62	67	191	130	44	20
Lyons	915	66	114	120	302	231	49	33
New Mexico: Albuquerque	243	32	41	29	71	61	4	5
New York:								
Albany	392	19	34	29	101	130	49	30
Batavia	123	......	2	7	32	47	18	17
Bath	176	3	5	9	49	54	25	31
Bronx	402	32	52	56	133	96	24	9
Brooklyn (Brooklyn)	472	27	70	48	141	128	42	16
Brooklyn (St. Albans)	46	1	1	3	13	14	9	5
Buffalo	561	40	53	74	167	155	40	32
Canandaigua	785	46	66	95	244	217	73	44
Castle Point	156	9	14	17	50	46	12	8
Montrose	849	111	153	107	241	171	42	24
New York	487	44	68	54	142	116	50	13
Northport	616	42	79	70	188	165	49	23
Syracuse	178	12	14	21	64	53	9	5
North Carolina:								
Asheville	392	11	22	37	154	117	28	23
Durham	336	21	51	48	123	80	6	7
Fayetteville	192	10	9	17	81	60	10	5
Salisbury	703	40	68	93	245	197	35	25
North Dakota: Fargo	138	4	14	12	38	50	13	7
Ohio:								
Chillicothe	570	75	87	80	165	114	28	21
Cincinnati	234	22	25	43	80	48	13	3
Cleveland (Wade Park)	238	17	24	20	104	57	9	7
Cleveland (Brecksville)	384	78	97	59	75	52	12	11
Dayton	397	19	33	45	146	99	35	20
Oklahoma:								
Muskogee[2]	92	2	8	17	35	20	6	4
Oklahoma City	312	26	37	42	114	78	12	3
Oregon:								
Portland (Portland)	283	6	26	35	89	81	26	20
Roseburg	187	26	41	24	49	27	10	10

See footnotes at end of table.

VA Medical Centers–Hospital Care Component: Patients Remaining, Age, By State[1]
September 30, 1985

Location	Total	Age[3]						
		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
Pennsylvania:								
Altoona	86	1	7	7	27	28	9	7
Butler	197	5	8	16	63	72	17	16
Coatesville	808	103	163	113	229	142	32	26
Erie	97	2	2	14	37	34	2	6
Lebanon	518	28	52	74	149	156	31	28
Philadelphia	254	23	25	27	97	60	14	8
Pittsburgh (Highland Drive)	544	57	86	71	164	128	31	7
Pittsburgh (University Drive)	335	7	18	44	126	102	23	15
Pittsburgh (U. Dr. Aspinwall)	105	1	1	6	30	35	18	14
Wilkes-Barre	320	20	30	29	104	101	25	11
Puerto Rico: San Juan	621	85	119	103	149	133	21	11
Rhode Island: Providence	196	20	18	25	69	42	14	8
South Carolina:								
Charleston	187	15	18	37	66	43	5	3
Columbia	308	14	36	34	106	83	22	13
South Dakota:								
Fort Meade	238	26	38	32	59	55	22	6
Hot Springs	152	5	20	22	52	34	11	8
Sioux Falls	148	9	14	16	44	37	14	14
Tennessee:								
Memphis	590	84	82	89	183	119	26	7
Mountain Home	341	16	22	47	134	88	22	12
Murfreesboro	470	55	62	63	121	123	34	12
Nashville	315	11	29	43	125	83	18	6
Texas:								
Amarillo	81	2	5	7	31	28	5	3
Big Spring	127	8	11	9	48	39	10	2
Bonham	73	3	3	11	21	25	4	6
Dallas	465	58	69	62	141	98	26	11
Houston	748	101	145	100	240	123	24	15
Kerrville	208	11	13	25	56	69	21	13
Marlin	177	2	4	11	53	57	33	17
San Antonio	518	50	74	65	167	131	24	7
Temple	411	19	39	52	138	111	39	13
Waco	695	86	99	111	213	136	40	10
Utah: Salt Lake City	249	34	37	41	70	47	7	13
Vermont: White River Junction	142	13	11	14	43	44	14	3
Virginia:								
Hampton	264	25	32	38	88	62	11	8
Richmond	471	49	48	63	174	105	19	13
Salem	619	63	74	66	196	151	44	25
Washington:								
American Lake	235	37	61	27	48	41	14	7
Portland (Vancouver)	82	10	20	6	22	11	4	9
Seattle	237	22	35	31	68	61	13	7
Spokane	135	5	10	7	51	36	10	16
Walla Walla	81	6	7	14	25	18	9	2
West Virginia:								
Beckley	144	6	9	22	47	40	17	3
Clarksburg	161	6	9	10	55	45	20	16
Huntington	131	4	13	9	48	42	12	3
Martinsburg	271	11	18	33	76	81	29	23
Wisconsin:								
Madison	208	3	20	22	74	74	11	4
Tomah	494	42	106	76	126	90	33	21
Wood	362	38	50	39	120	83	13	19
Wyoming:								
Cheyenne	67	3	8	12	22	13	2	7
Sheridan	272	45	63	46	64	27	15	7

---

[1] *A new Patient Treatment File system was installed during FY 1984. Approximately 7% of the FY 1985 records collected were incomplete and, therefore, unavailable for inclusion in this table.*

[2] *Less than 75% of the patients remaining in these VA medical centers on the last day of the fiscal year were reported in time for inclusion in this report.*

[3] *Age calculation in the Patient Treatment File has been changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Manner of Disposition, Diagnostic Group[1]—Fiscal Year 1985

Diagnostic Composition of Patients[2]	Total Discharges	Disposition			
		Regular	Irregular	Deaths	Transfers to VA or Non-VA Hospitals
All discharges	1,031,299	906,318	42,816	47,900	34,265
Psychotic	85,997	67,090	12,569	1,180	5,158
Alcohol psychoses (291)	6,810	5,726	647	147	290
Drug psychoses (292)	866	711	137	5	13
Other psychoses (290, 293-299)	78,321	60,653	11,785	1,028	4,855
Other psychiatric	107,565	86,340	17,738	403	3,084
Alcohol dependence and abuse (303, 305.0)	64,488	51,959	11,051	88	1,390
Drug dependence and abuse (304, 305.1-305.9)	10,167	7,131	2,831	7	198
Other nonpsychotic mental disorders (300-302, 306-319)	32,910	27,250	3,856	308	1,496
Medical and surgical	837,737	752,888	12,509	46,317	26,023
All infectious and parasitic diseases (001-139)	11,521	9,200	220	1,889	212
Malignant neoplasms (140-208, 230-234)	93,771	74,135	655	15,307	3,674
Benign and unspecified neoplasms (210-229, 235-239)	14,166	13,531	83	126	426
Diabetes mellitus (250)	17,657	16,781	277	321	278
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	11,118	10,153	142	607	216
Disorders involving the immune mechanisms (279)	772	567	24	165	16
Diseases of the blood and blood-forming organs (280-289)	9,490	8,915	138	256	181
Quadriplegia (344.0)	86	68	......	5	13
Paraplegia (344.1)	72	51	4	6	11
Other diseases of the nervous system (320-343, 344.2-359)	25,821	23,105	337	1,169	1,210
Diseases of the sense organs (360-389)	29,477	28,708	111	17	641
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	100,736	87,121	1,316	6,790	5,509
Cerebrovascular diseases (430-438)	23,316	19,822	226	2,142	1,126
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	43,588	40,060	532	1,752	1,244
Acute respiratory diseases (460-466, 480-487)	22,927	19,293	232	3,086	316
Chronic bronchitis and emphysema (491-492)	5,827	5,395	76	297	59
Other respiratory diseases (470-478, 490, 493-519)	46,330	42,024	513	2,963	830
Diseases of the oral cavity, salivary glands and jaws (520-529)	4,898	4,782	30	9	77
Hernia of the abdominal cavity (550-553)	19,655	19,297	104	40	214
Alcohol-related liver diseases (571.0-571.3)	6,532	5,125	245	1,047	115
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	67,448	61,886	1,085	2,970	1,507
Diseases of the male genital organs (600-608)	22,988	22,522	90	59	317
Other diseases of the genitourinary system (580-599)	29,746	27,320	250	1,246	930
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	1,762	1,709	14	......	39
Diseases of the skin and subcutaneous tissue (680-709)	23,417	22,099	415	356	547
Diseases of the musculoskeletal system and connective tissue (710-739)	46,173	44,219	488	243	1,223
Congenital anomalies (740-759)	2,179	2,063	3	25	88
Symptoms, signs and ill-defined conditions (780-799)	50,983	45,657	1,511	2,158	1,657
Injuries and poisonings (800-904, 910-999)	44,467	40,362	820	966	2,319
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	20	20	......	......	......
Factors influencing health status and contact with health service (V01-V82)	60,794	56,898	2,568	300	1,028

---

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 245,474 one-day dialysis discharges. Included, however, are inter VA hospital transfers.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

VA Medical Centers—Hospital Care Component: Diagnostic Group[1] by Age—Patients Discharged—Fiscal Year 1985

Diagnostic Group[2]	Total Diagnoses	Principal Diagnosis[3]	Associated Diagnoses[4]	Average Age *(Principal Diagnosis)*	Age Group of Principal Diagnosis[5] Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All diseases and conditions	3,544,445	1,031,299	2,513,146	57.6	99,660	122,750	135,664	349,859	236 184	54,365	32,817
I. Infectious and parasitic diseases	89,556	11,521	78,035	56.6	1,575	1,443	1,461	3,454	2,345	650	593
Pulmonary tuberculosis (011)	3,494	1,699	1,795	57.7	96	183	302	698	307	62	51
Tuberculosis, other (010, 012-018)	604	262	342	56.7	23	39	51	70	51	15	13
Tuberculosis, late effects (137)	480	......	480	([6])	......	......	......	......	......	......	......
All other infectious and parasitic diseases (001-009, 020-136)	84,809	9,560	75,249	56.5	1,456	1,221	1,108	2,686	1,987	573	529
Late effects of other infectious and parasitic diseases (138-139)	169	......	169	([6])	......	......	......	......	......	......	......
II. Neoplasms	221,982	107,937	114,045	63.3	1,871	3,825	11,271	45,745	34,109	7,523	3,593
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0)	9,621	6,463	3,158	61.3	31	134	1,115	3,262	1,643	203	75
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9)	19,322	13,872	5,450	64.6	88	313	1,268	5,989	4,488	1,162	564
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	35,764	24,547	11,217	63.3	32	428	2,770	11,854	7,837	1,338	288
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	5,205	3,534	1,671	62.2	21	80	454	1,822	956	149	52
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	15,002	8,344	6,658	59.8	543	781	930	3,092	2,248	508	242
Malignant neoplasm of genitourinary organs (179-189, 233)	27,061	16,878	10,183	67.6	146	218	756	5,816	6,707	1,980	1,255
Malignancies of all other systems (170-175, 190-199, 232, 234)	82,074	20,133	61,941	62.8	451	893	2,296	8,346	6,004	1,332	811
Neoplasms, benign (210-229)	21,980	11,552	10,428	60.6	472	855	1,411	4,588	3,413	619	194
Neoplasms of unspecified nature (235-239)	5,953	2,614	3,339	63.2	87	123	271	976	813	232	112
III. Endocrine, nutritional and metabolic diseases and immunity disorders	224,526	29,547	194,979	59.8	1,372	2,670	4,404	11,369	7,126	1,613	993
Diabetes mellitus (250)	118,403	17,657	100,746	59.0	708	1,575	2,911	7,346	4,144	732	241
Diseases of the endocrine glands (240-246, 251-259)	16,306	3,095	13,211	58.7	211	308	408	1,177	757	159	75
Gout (274)	10,280	1,078	9,202	62.7	10	61	149	439	308	74	37
Obesity (278.0-278.1)	20,374	429	19,945	53.9	26	79	115	141	59	8	1
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	57,537	6,516	51,021	64.8	163	348	736	2,157	1,838	635	639
Disorders involving the immune mechanisms (279)	1,626	772	854	41.3	254	299	85	109	20	5	......
IV. Diseases of the blood and blood-forming organs	77,176	9,490	67,686	64.1	374	528	846	3,095	2,983	958	706
Anemias (280-282.4, 282.7-285)	56,502	6,207	50,295	66.3	128	219	495	1,992	2,051	737	585
Sickle cell trait and sickle cell anemia (282.5-282.6)	703	239	464	40.3	86	93	26	24	10	......	......
Other diseases of the blood and blood-forming organs (286-289)	19,971	3,044	16,927	61.4	160	216	325	1,079	922	221	121

V. Mental disorders	484,103	193,562	290,541	[illegible]5.9	51,312	55,043	30,043	37,108	15,046	3,049	1,961
Alcohol psychosis (291)	24,133	6,810	17,323	54.0	536	1,206	1,453	2,372	1,063	158	22
Drug psychosis (292)	2,322	866	1,456	43.3	364	206	73	114	66	23	20
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	16,292	6,692	9,600	68.6	224	239	359	1,550	2,234	1,142	944
Schizophrenic disorders (295)	63,922	47,505	16,417	41.4	18,108	14,378	6,170	6,501	2,055	207	86
Other psychoses (296-299)	39,500	24,124	15,376	49.2	4,949	5,785	3,833	5,967	2,806	491	293
Neurotic disorders (300)	32,062	8,684	23,378	48.7	1,659	2,367	1,303	2,181	989	124	61
Personality disorders (301)	38,789	5,257	33,532	38.2	2,419	1,818	440	422	126	26	6
Alcohol dependence or abuse (303, 305.0)	156,150	64,488	91,662	46.4	13,412	18,454	13,946	14,556	3,832	273	15
Drug dependence or abuse (304, 305.1-305.9)	56,358	10,167	46,191	35.4	5,601	3,603	551	325	72	11	4
Other nonpsychotic mental disorders (302, 306-319)	54,575	18,969	35,606	47.1	4,040	6,987	1,915	3,120	1,803	594	510
VI. Diseases of the nervous system and sense organs	204,442	55,456	148,986	60.7	3,075	4,444	6,591	20,098	15,493	3,834	1,921
Quadriplegia (344.0)	4,530	86	4,444	(6)	18	23	9	19	12	5	......
Paraplegia (344.1)	5,975	72	5,903	(6)	10	13	11	30	8	......	......
Epilepsy (345)	20,860	5,051	15,809	52.3	792	871	843	1,567	779	145	54
Disorders of the peripheral nervous system (350-359)	23,458	7,385	16,073	57.1	543	871	1,219	2,788	1,593	266	105
Other diseases of central nervous system (320-343, 344.2-344.9, 346-349)	66,453	13,385	53,068	59.4	957	1,438	1,698	4,273	3,708	911	400
Glaucoma (365)	9,061	1,448	7,613	63.9	32	48	114	600	494	115	45
Cataract (366)	20,990	15,191	5,799	66.6	43	184	1,170	5,853	5,343	1,644	954
Blindness (369)	4,391	218	4,173	61.8	9	13	32	82	54	13	15
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	31,359	8,685	22,674	62.1	326	509	935	3,384	2,637	599	295
Diseases of the ear and mastoid process (380-389)	17,365	3,935	13,430	56.7	345	474	560	1,502	865	136	53
VII. Diseases of the circulatory system	720,611	167,640	552,971	62.8	2,434	7,508	21,838	69,744	48,695	10,822	6,599
Chronic rheumatic heart disease (393-398)	4,285	1,126	3,159	59.9	31	87	172	477	296	48	15
Hypertensive disease without heart involvement (401, 403, 405)	151,946	10,463	141,483	59.2	336	946	1,796	4,302	2,519	406	158
Hypertensive heart disease (402, 404)	9,947	2,925	7,022	64.3	14	99	324	1,199	916	244	129
Acute myocardial infarction (410)	20,589	12,184	8,405	62.6	77	587	1,709	5,308	3,278	822	403
Other ischemic heart disease (411-414)	180,141	42,384	137,757	61.3	222	1,941	7,404	19,493	10,668	1,712	944
Other forms of heart disease (391, 392.0, 420-429)	176,740	42,117	134,623	65.3	567	1,292	3,955	15,844	13,666	3,843	2,950
Cerebrovascular diseases (430-438)	65,134	23,316	41,818	64.8	133	491	2,246	9,684	7,793	1,881	1,088
Atherosclerosis (440)	14,822	2,633	12,189	64.3	6	58	307	1,146	832	172	112
Other diseases of arteries, arterioles, and capillaries (441-448)	43,289	14,581	28,708	63.8	121	341	1,529	6,330	4,924	954	382
Varicose veins of lower extremities (454)	5,207	1,782	3,425	60.5	79	159	250	632	482	115	65
Hemorrhoids (455)	12,565	3,807	8,758	54.8	348	602	711	1,340	681	84	41
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	35,946	10,322	25,624	59.9	500	905	1,435	3,989	2,640	541	312
VIII. Diseases of the respiratory system	251,588	75,084	176,504	63.3	2,643	3,460	7,392	28,547	22,880	6,011	4,151
Acute respiratory infections (460-466)	17,043	5,350	11,693	61.5	310	295	578	2,057	1,556	308	246
Pneumonia and influenza (480-487)	39,739	17,577	22,162	66.2	546	837	1,536	5,432	4,980	1,976	2,270
Chronic bronchitis (491)	12,886	4,123	8,763	64.4	26	94	364	1,800	1,403	315	121
Emphysema (492)	8,641	1,704	6,937	64.5	11	26	146	751	585	142	43

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Diagnostic Group[1] by Age—Patients Discharged—Fiscal Year 1985

Diagnostic Group[2]	Total Diagnoses	Principal Diagnosis[3]	Associated Diagnoses[4]	Average Age *(Principal Diagnosis)*	Age Group of Principal Diagnosis[5]						
					Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	173,279	46,330	126,949	62.3	1,750	2,208	4,768	18,507	14,356	3,270	1,471
IX. Diseases of the digestive system	309,639	98,533	211,106	58.6	6,586	10,390	14,529	36,145	23,041	5,056	2,786
Diseases of oral cavity, salivary glands and jaws (520-529)	61,491	4,898	56,593	54.4	702	593	692	1,779	937	129	66
Ulcers of the digestive system (530.2, 531-534)	25,942	9,892	16,050	60.0	463	860	1,371	3,883	2,431	572	312
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	40,331	11,381	28,950	59.3	673	1,034	1,669	4,240	2,853	589	323
Hernia of the abdominal cavity (550-553)	36,432	19,655	16,777	59.9	1,063	1,640	2,505	7,600	5,281	1,145	421
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	82,546	30,136	52,410	59.4	2,300	3,018	3,861	10,224	7,431	1,974	1,328
Alcohol-related liver disorders (571.0-571.3)	23,107	6,532	16,575	55.6	234	901	1,548	2,775	986	82	6
Other diseases of liver, gallbladder, and pancreas (570, 571.4-577)	39,790	16,039	23,751	56.4	1,151	2,344	2,883	5,644	3,122	565	330
X. Diseases of the genitourinary system	175,866	54,463	121,403	62.7	2,469	3,507	5,246	19,055	16,913	4,321	2,952
Nephritis, nephrotic syndrome and nephrosis (580-589)	25,403	5,133	20,270	61.6	236	400	686	1,769	1,407	349	286
Other diseases of the urinary system (590-599)	96,438	24,613	71,825	62.7	1,251	2,022	2,509	7,841	6,886	2,230	1,874
Diseases of the prostate (600-602)	35,272	16,002	19,270	66.6	60	111	740	6,247	6,731	1,458	655
Other diseases of the male genital organs (603-608)	15,047	6,986	8,061	57.4	519	736	1,102	2,697	1,592	221	119
Disorders of breast and gynecological diseases (610-629)	3,706	1,729	1,977	51.5	403	238	209	501	297	63	18
XI. Complications of pregnancy, childbirth and puerperium (630-676)	52	33	19	([6])	27	5	1	......	......	......	......
XII. Diseases of skin and subcutaneous tissue	77,203	23,417	53,786	56.2	2,537	3,163	3,420	7,802	4,874	989	632
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	37,832	12,647	25,185	55.3	1,548	1,731	1,976	4,179	2,434	471	308
Other diseases of skin and subcutaneous tissue (700-709)	39,371	10,770	28,601	57.2	989	1,432	1,444	3,623	2,440	518	324
XIII. Diseases of the musculoskeletal system and connective tissue	146,426	46,173	100,253	55.1	5,453	6,465	7,082	15,694	9,126	1,588	765
Osteoarthrosis and allied disorders (715)	29,600	6,420	23,180	62.4	202	357	655	2,554	2,024	416	212
Other arthropathies and related disorders (710-714, 716-719)	30,624	9,524	21,100	52.2	1,896	1,345	1,310	2,910	1,672	255	136
Dorsopathies (720-724)	41,817	14,179	27,638	54.1	1,401	2,548	2,587	4,783	2,291	395	174
Rheumatism, excluding the back (725-729)	18,930	7,643	11,287	55.5	820	1,000	1,216	2,689	1,612	219	87
Osteopathies, chondropathies and acquired musculoskeletal deformities (730-739)	25,455	8,407	17,048	54.4	1,134	1,215	1,314	2,758	1,527	303	156
XIV. Congenital deformities (740-759)	7,744	2,179	5,565	56.1	245	268	308	771	437	112	38

XVI. Symptoms, signs and ill-defined conditions (780-799)	202,421	50,983	151,438	59.5	3,099	4,957	7,157	18,753	12,024	2,991	2,002
XVII. Injury and poisoning	119,551	44,487	75,064	55.1	6,877	6,183	5,919	13,272	8,291	2,137	1,808
Fracture of skull (800-804)	2,910	1,611	1,299	45.0	536	375	238	295	117	26	24
Fracture of neck and trunk (805-809)	5,289	2,131	3,158	56.7	298	268	249	639	435	116	126
Fracture of upper and lower limb (810-829)	15,708	9,892	5,816	58.7	1,184	1,192	1,175	2,769	1,988	743	841
Dislocations, sprains, and strains of joints and adjacent muscles (830-848)	6,890	3,813	3,077	48.0	1,022	739	542	951	439	77	43
Intracranial injury, excluding those with skull fracture (850-854)	3,061	1,855	1,206	51.5	437	293	227	474	277	75	72
Internal injury of chest, abdomen, and pelvis (860-869)	1,340	530	810	50.0	117	111	75	132	66	14	15
Open wounds (870-897)	9,520	3,539	5,981	46.9	1,026	773	493	785	323	83	56
Burns (940-949)	2,607	1,044	1,563	53.4	164	178	136	341	173	26	26
Poisoning by drugs, medicinal and biological substances (960-979)	7,293	2,283	5,010	52.5	443	441	269	570	391	109	60
Toxic effects of substances chiefly nonmedical as to source (980-989)	1,027	359	668	50.1	74	61	69	102	41	8	4
All other injuries (900-904, 910-939, 950-959, 990-995)	16,046	4,351	11,695	54.8	682	620	623	1,260	767	202	197
Complications of surgical and medical care, NEC (996-999)	34,371	13,059	21,312	59.1	890	1,129	1,821	4,947	3,270	658	344
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	13,489	20	13,469	([6])	4	3	2	7	4	......	......
XVIII. Factors influencing health status and contact with health services (V01-V82)	231,559	60,794	170,765	55.4	7,711	8,891	8,156	19,207	12,801	2,711	1,317

---

[1] *Patient Treatment File. This table, as well as all others in this discharge series, excludes approximately 245,474 one-day dialysis discharges. Included, however, are inter-VA hospital transfers.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification," DHHS Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Certain Conditions Originating in the Perinatal Period" in which no cases occurred, is not included in this table.*

[3] *Principal diagnosis is that diagnosis designated by the discharge physician as responsible for the major portion of the patient's length of stay.*

[4] *Associated diagnoses are established diagnoses for which treatment was given, other than the principal diagnosis.*

[5] *Age calculation in the Patient Treatment File has been changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.*

[6] *Average age not calculated for totals of less than 100 cases.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Age, Length of Stay[1]—Fiscal Year 1985

Type of Patient and Age Group[2]	Total			Short Term[3]		Length of Stay (Days)													Total Days[5]
	Patients	Average Days	Median Days[4]	Average Days	Percent of Total Discharges	1	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
All patients	1,031,299	23.7	9.3	13.9	97.6	102,323	160,117	212,578	220,116	106,209	84,147	93,569	23,588	17,575	4,064	1,801	2,600	2,612	24,438,975
Under 25	11,091	19.1	7.3	13.6	97.1	1,530	2,157	2,251	1,626	799	958	1,108	294	255	61	18	27	7	211,413
25-29	32,833	20.5	8.9	15.4	97.3	4,093	5,335	6,291	5,089	2,716	3,273	3,980	1,025	705	183	56	70	17	673,325
30-34	55,736	21.7	9.6	15.6	97.3	6,625	8,407	10,723	9,033	4,909	5,874	6,843	1,544	1,217	260	116	122	63	1,208,399
35-39	78,007	22.1	9.7	15.4	97.1	8,860	11,918	15,015	13,333	6,861	7,862	9,420	2,073	1,832	408	174	156	95	1,723,230
40-44	44,743	23.1	9.2	14.7	97.5	4,849	7,082	9,022	8,119	4,037	4,272	4,959	1,107	833	193	72	109	89	1,032,656
45-49	46,789	22.3	8.6	13.7	97.8	4,854	7,730	9,899	9,298	4,302	3,994	4,500	1,009	730	162	87	119	105	1,045,225
50-54	88,875	22.2	8.9	13.5	97.9	8,693	14,233	18,957	19,183	8,917	7,005	7,879	1,823	1,336	309	135	198	207	1,973,174
55-59	141,067	23.2	9.1	13.4	97.9	13,231	22,611	29,949	31,428	14,803	10,742	11,930	2,876	2,161	477	230	291	338	3,279,378
60-64	208,792	21.9	8.9	13.1	98.0	20,293	33,141	44,745	47,656	22,169	15,448	16,121	4,304	3,007	686	266	463	493	4,565,237
65-69	153,839	23.4	9.1	13.3	97.8	14,997	23,869	32,324	35,311	16,809	11,255	11,910	3,386	2,314	566	251	397	450	3,606,508
70-74	82,345	25.1	9.8	13.8	97.4	7,421	12,251	16,575	19,201	9,400	6,331	6,861	1,870	1,432	326	148	254	275	2,065,603
75-79	41,741	28.8	10.4	14.5	97.0	3,597	5,762	8,092	9,877	4,922	3,295	3,676	1,082	806	193	93	177	169	1,202,575
80-84	12,624	41.2	10.9	15.2	96.3	936	1,608	2,519	2,911	1,506	1,025	1,251	357	265	63	34	64	85	519,761
85 and over	32,817	40.6	11.3	15.3	96.4	2,344	4,013	6,216	8,051	4,059	2,813	3,131	838	682	177	121	153	219	1,333,491
Psychotic	85,997	86.7	21.4	24.3	90.1	4,858	5,729	9,625	13,164	10,432	10,616	16,521	5,532	4,748	1,400	709	1,062	1,601	7,454,511
Under 25	2,283	32.7	18.4	22.7	94.3	195	162	276	365	296	276	412	142	112	29	7	8	3	74,713
25-29	8,326	33.3	18.4	22.8	94.5	620	612	1,069	1,352	1,054	1,005	1,556	527	363	97	26	34	11	277,353
30-34	13,572	36.2	18.3	22.3	94.2	1,036	1,053	1,755	2,122	1,716	1,747	2,483	765	589	127	70	64	45	491,682
35-39	14,742	39.8	18.6	22.6	93.6	1,039	1,083	1,882	2,453	1,767	1,822	2,774	809	721	169	81	78	64	587,045
40-44	7,072	53.7	20.4	23.5	92.6	414	501	834	1,073	916	945	1,390	414	339	86	40	61	59	379,868
45-49	4,878	70.8	20.1	23.4	90.8	258	388	594	751	607	570	913	291	252	64	47	67	76	345,443
50-54	7,010	91.7	23.3	25.2	89.2	294	491	706	1,019	863	897	1,455	442	413	129	64	96	141	642,799
55-59	8,044	118.3	25.0	26.1	87.6	335	522	746	1,133	931	1,049	1,683	547	492	183	98	103	222	951,275
60-64	8,460	144.8	27.0	27.2	85.1	346	438	786	1,160	926	1,010	1,749	673	583	202	93	181	313	1,224,784
65-69	5,402	167.0	28.6	28.2	82.3	167	232	430	769	631	640	1,031	471	397	160	73	152	249	901,932
70-74	2,822	186.2	28.6	27.8	81.5	84	139	230	393	327	325	537	219	219	67	39	80	163	525,457
75-79	1,483	215.4	29.1	27.3	78.4	35	48	137	252	152	148	255	107	129	38	27	57	98	319,450
80-84	538	423.0	30.0	27.7	75.8	9	16	44	81	69	56	84	42	39	15	10	26	47	227,550
85 and over	1,365	370.1	26.1	25.4	77.1	26	44	136	241	177	126	199	83	100	34	34	55	110	505,160
Other Psychiatric	107,565	27.3	13.1	18.3	97.0	10,141	12,030	19,213	16,817	9,953	14,329	18,097	3,166	2,558	552	183	281	245	2,940,298
Under 25	2,150	23.9	15.5	19.6	97.4	202	242	318	298	188	363	397	74	53	10	1	2	2	51,368
25-29	8,452	23.1	14.0	18.9	97.4	990	890	1,300	1,206	779	1,230	1,505	282	201	45	8	14	2	195,157
30-34	16,529	22.6	12.6	17.8	97.5	1,961	1,911	2,754	2,464	1,519	2,262	2,690	466	371	70	19	33	9	374,193
35-39	23,089	24.4	13.7	18.8	96.6	2,534	2,576	3,777	3,277	2,159	3,116	3,946	741	720	150	42	39	12	564,423
40-44	10,140	23.5	13.0	18.4	97.6	975	1,235	1,794	1,484	903	1,381	1,745	314	225	48	12	19	5	238,596
45-49	7,949	23.1	12.1	17.4	98.0	733	1,001	1,550	1,190	652	1,050	1,388	191	134	30	12	11	7	183,642
50-54	10,206	24.7	12.3	17.8	98.0	821	1,162	2,093	1,633	894	1,328	1,780	245	164	35	12	20	19	251,654
55-59	10,651	26.0	12.6	18.0	97.7	788	1,161	2,206	1,788	955	1,320	1,836	288	219	33	15	18	24	277,189
60-64	9,953	29.0	12.9	17.8	97.1	687	1,091	1,916	1,825	1,007	1,258	1,579	252	205	47	22	35	29	289,058
65-69	4,935	45.1	13.5	18.3	95.5	278	469	952	971	501	633	727	158	119	35	13	31	48	222,346
70-74	1,887	55.4	13.8	18.7	93.8	98	174	343	393	203	212	266	66	71	15	7	16	23	104,497
75-79	799	78.4	16.6	20.7	90.4	48	74	112	145	86	99	111	39	27	19	9	16	14	62,615
80-84	229	148.1	22.5	24.9	83.8	8	5	25	35	40	28	31	18	15	1	2	8	13	33,923
85 and over	596	153.8	21.2	22.9	81.9	18	39	73	108	67	49	96	32	34	14	9	19	38	91,637

Medical and surgical	837,737	16.8	8.1	12.4	98.4	87,324	142,358	183,740	190,135	85,824	59,202	58,951	14,890	10,269	2,112	909	1,257	766	14,044,166
Under 25	6,658	12.8	5.0	8.7	98.0	1,133	1,753	1,657	963	315	319	299	78	90	22	10	17	2	85,332
25-29	16,055	12.5	5.7	10.0	98.8	2,483	3,833	3,922	2,531	883	1,038	919	216	141	41	22	22	4	200,815
30-34	25,635	13.4	6.4	10.7	98.7	3,628	5,443	6,214	4,447	1,674	1,865	1,670	313	257	63	27	25	9	342,524
35-39	40,176	14.2	6.8	11.0	98.7	5,287	8,259	9,356	7,603	2,935	2,924	2,700	523	391	89	51	39	19	571,762
40-44	27,531	15.0	7.1	11.3	98.8	3,460	5,346	6,394	5,562	2,218	1,946	1,824	379	269	59	20	29	25	414,192
45-49	33,962	15.2	7.5	11.6	98.7	3,863	6,341	7,755	7,357	3,043	2,374	2,199	527	344	68	28	41	22	516,140
50-54	71,659	15.1	7.8	11.8	98.7	7,578	12,580	16,158	16,531	7,160	4,780	4,644	1,136	759	145	59	82	47	1,078,721
55-59	122,372	16.8	8.3	12.2	98.6	12,108	20,928	26,997	28,507	12,917	8,373	8,411	2,041	1,4[illegible]0	261	117	170	92	2,050,914
60-64	190,379	16.0	8.4	12.3	98.6	19,260	31,612	42,043	44,671	20,236	13,180	12,793	3,379	2,219	437	151	247	151	3,051,395
65-69	143,502	17.3	8.6	12.6	98.4	14,552	23,168	30,942	33,571	15,677	9,982	10,152	2,757	1,793	371	165	214	153	2,482,230
70-74	77,636	18.5	9.3	13.3	98.1	7,239	11,938	16,002	18,415	8,870	5,794	6,058	1,585	1,14[illegible]	244	102	158	89	1,435,649
75-79	39,459	20.8	10.0	14.0	97.8	3,514	5,640	7,843	9,480	4,684	3,048	3,310	936	650	136	57	104	57	819,510
80-84	11,857	21.8	10.4	14.6	97.5	919	1,587	2,450	2,795	1,397	941	1,136	297	211	47	22	30	25	258,288
85 and over	30,856	23.9	10.9	14.8	97.5	2,300	3,930	6,007	7,702	3,815	2,638	2,836	723	548	129	78	79	71	736,694

---

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series. Excludes approximately 245,474 one-day dialysis discharges.*

[2] *Age calculation has been charged to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.*

[3] *One-half of the discharges in the given category have length of stay greater than the median; the other half, less than the median.*

[4] *Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.*

[5] *Excludes those cases for which the number of days are unavailable.*

197

VA Medical Centers—Hospital Care Component: Patients Discharged, Age, Marital Status, Diagnostic Group[1]—Fiscal Year 1985

Diagnostic Composition of Patients[2]	Total Discharged	Age Group[3]							Marital Status					
		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over	Never Married	Married	Separated	Widowed	Divorced	Unknown[4]
All discharges	1,031,299	99,660	122,750	135,664	349,859	236,184	54,365	32,817	132,186	549,151	51,468	75,310	201,448	21,736
Psychotic	85,997	24,181	21,814	11,888	16,504	8,224	2,021	1,365	29,880	25,351	6,154	3,342	19,671	1,599
Alcohol pyschoses (291)	6,810	536	1,206	1,453	2,372	1,063	158	22	1,053	2,117	578	521	2,423	118
Drug psychoses (292)	866	364	206	73	114	66	23	20	254	315	69	32	182	14
Other psychoses (290, 293-299)	78,321	23,281	20,402	10,362	14,018	7,095	1,840	1,323	28,573	22,919	5,507	2,789	17,066	1,467
Other psychiatric	107,565	27,131	33,229	18,155	20,604	6,822	1,028	596	19,511	36,982	9,375	4,569	35,629	1,499
Alcohol dependence and abuse (303, 305.0)	64,488	13,412	18,454	13,946	14,556	3,032	273	15	11,272	18,951	5,659	3,049	24,704	853
Drug dependence and abuse (304, 305.1-305.9)	10,167	5,601	3,603	551	325	72	11	4	2,846	3,149	1,254	148	2,581	189
Other nonpsychotic mental disorders (300-302, 306-319)	32,910	8,118	11,172	3,658	5,723	2,918	744	577	5,393	14,882	2,462	1,372	8,344	457
Medical and surgical	837,737	48,348	67,707	105,621	312,751	221,138	51,318	30,856	82,795	486,818	35,939	67,399	146,148	18,638
All infectious and parasitic diseases (001-139)	11,521	1,575	1,443	1,461	3,454	2,345	650	593	1,795	5,595	682	994	2,144	311
Malignant neoplasms (140-208, 230-234)	93,771	1,312	2,847	9,589	40,181	29,883	6,672	3,287	7,883	56,184	3,644	8,445	15,539	2,076
Benign and unspecified neoplasms (210-229, 235-239)	14,166	559	978	1,682	5,564	4,226	851	306	1,295	9,075	514	920	2,094	268
Diabetes mellitus (250)	17,657	708	1,575	2,911	7,346	4,144	732	241	1,780	10,267	827	1,328	3,110	345
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	11,118	410	796	1,408	3,914	2,962	876	752	1,243	6,012	505	1,219	1,880	259
Disorders involving the immune mechanisms (279)	772	254	299	85	109	20	5	....	320	208	54	8	151	31
Diseases of the blood and blood-forming organs (280-289)	9,490	374	528	846	3,095	2,983	958	706	914	5,585	350	973	1,437	231
Quadriplegia (344.0)	86	18	23	9	19	12	5	....	12	43	4	3	23	1
Paraplegia (344.1)	72	10	13	11	30	8	....	....	8	45	5	....	12	2
Other diseases of the nervous system (320-343, 344.2-359)	25,821	2,292	3,180	3,760	8,628	6,080	1,322	559	2,854	15,557	1,026	1,605	4,323	456
Diseases of the sense organs (360-389)	29,477	755	1,228	2,811	11,421	9,393	2,507	1,362	2,442	17,743	1,077	2,724	4,766	725
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	100,736	911	4,006	13,564	42,321	28,824	6,669	4,441	6,755	65,838	3,242	8,201	14,484	2,216
Cerebrovascular diseases (430-438)	23,316	133	491	2,246	9,684	7,793	1,881	1,088	1,607	14,784	837	2,247	3,341	500
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	43,588	1,390	3,011	6,028	17,739	12,708	2,272	1,070	3,986	25,720	1,901	3,488	7,613	880
Acute respiratory diseases (460-466, 480-487)	22,927	856	1,132	2,114	7,489	6,536	2,284	2,516	1,374	12,144	1,018	2,968	3,891	532
Chronic bronchitis and emphysema (491-492)	5,827	37	120	510	2,551	1,988	457	164	395	3,322	251	626	1,148	84
Other respiratory diseases (470-478, 490, 493-519)	46,330	1,750	2,208	4,768	18,507	14,356	3,270	1,471	4,162	26,531	1,963	4,322	8,412	940
Diseases of the oral cavity, salivary glands and jaws (520-529)	4,898	702	593	692	1,779	937	129	66	649	2,712	251	276	913	97
Hernia of the abdominal cavity (550-553)	19,655	1,063	1,640	2,505	7,600	5,281	1,145	421	2,097	11,639	787	1,357	3,407	368
Alcohol-related liver diseases (571.0-571.3)	6,532	234	901	1,548	2,775	986	82	6	667	2,685	452	524	2,026	178
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	67,448	4,587	7,256	9,784	23,991	15,837	3,700	2,293	7,156	37,612	3,172	5,068	12,826	1,614
Diseases of the male genital organs (600-608)	22,988	579	847	1,842	8,944	8,323	1,679	774	1,881	14,947	718	1,782	3,065	595
Other diseases of the genitourinary system (580-599)	29,746	1,487	2,422	3,195	9,610	8,293	2,579	2,160	2,986	17,886	1,079	2,786	4,188	821
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676)	1,762	430	243	210	501	297	63	18	265	843	86	138	399	31
Diseases of the skin and subcutaneous tissue (680-709)	23,417	2,537	3,163	3,420	7,802	4,874	989	632	3,387	11,777	1,339	1,656	4,610	648
Diseases of the musculoskeletal system and connective tissue (710-739)	46,173	5,453	6,465	7,082	15,694	9,126	1,588	765	4,376	28,376	1,944	2,490	8,141	846
Congenital anomalies (740-759)	2,179	245	268	308	771	437	112	38	237	1,343	86	137	331	45
Symptoms, signs and ill-defined conditions (780-799)	50,983	3,099	4,957	7,157	18,753	12,024	2,991	2,002	4,715	29,695	2,291	3,935	9,091	1,256
Injuries and poisonings (800-904, 910-999)	44,467	6,873	6,180	5,917	13,265	8,287	2,137	1,808	6,431	21,316	2,397	3,426	9.696	1,201
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	20	4	3	2	7	4	....	....	1	13	1	1	4	....
Factors influencing health status and contact with health service (V01-V82)	60,794	7,711	8,891	8,156	19,207	12,801	2,711	1,317	8,121	31,321	3,436	3,752	13,083	1,081
Supplementary classification of external causes of injury and poisoning (E800-E999)	....	....	....	....	....	....	....	....	....	....	....	....	....	....

---

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 245,474 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the 'International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)', DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

[3] *Age calculation in the Patient Treatment File has been changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.*

[4] *Includes all records for which required data are unavailable or unknown.*

VA Medical Centers—Hospital Care Component: Patients Remaining, Type of Patient, Compensation and Pension Status, Age[1]—September 30, 1985

Type of Patient and Age Group	Total All Patients	Service-Connected Veterans				Nonservice-Connected Veterans			Non-Veterans[3]
		Total	10% or More	Less Than 10%	NSC With SC[2]	Total	Pension	No Claim Pending	
All patients	53,439	16,338	7,776	280	8,282	36,946	9,496	27,450	155
Under 35	4,826	1,696	1,193	9	494	3,054	219	2,835	76
35-44	6,986	2,670	1,721	26	923	4,297	494	3,803	19
45-54	6,660	1,892	1,045	29	818	4,752	903	3,849	16
55-64	16,833	4,697	1,995	84	2,618	12,109	3,626	8,483	27
65-74	12,762	4,032	1,428	76	2,528	8,720	2,719	6,001	10
75-84	3,446	982	284	14	684	2,458	868	1,590	6
85 and over	1,926	369	110	42	217	1,556	667	889	1
Psychotic	13,778	6,045	4,755	103	1,187	7,724	2,488	5,236	9
Under 35	1,901	1,025	899	4	122	873	91	782	3
35-44	2,355	1,282	1,082	16	184	1,072	211	861	1
45-54	1,962	839	692	19	128	1,121	319	802	2
55-64	3,866	1,541	1,189	29	323	2,324	1,018	1,306	1
65-74	2,585	1,047	715	24	308	1,537	568	969	1
75-84	708	220	122	3	95	487	143	344	1
85 and over	401	91	56	8	27	310	138	172	....
Other psychiatric	6,477	1,710	778	20	912	4,748	679	4,069	19
Under 35	1,350	294	126	2	166	1,046	37	1,009	10
35-44	1,963	619	305	4	310	1,343	68	1,275	1
45-54	977	194	75	....	119	780	98	682	3
55-64	1,252	313	142	4	167	935	249	686	4
65-74	642	224	110	5	109	417	128	289	1
75-84	183	48	16	1	31	135	55	80	....
85 and over	110	18	4	4	10	92	44	48	....
Medical and surgical	33,184	8,583	2,243	157	6,183	24,474	6,329	18,145	127
Under 35	1,575	377	168	3	206	1,135	91	1,044	63
35-44	2,668	769	334	6	429	1,882	215	1,667	17
45-54	3,721	859	278	10	571	2,851	486	2,365	11
55-64	11,715	2,843	664	51	2,128	8,850	2,359	6,491	22
65-74	9,535	2,761	603	47	2,111	6,766	2,023	4,743	8
75-84	2,555	714	146	10	558	1,836	670	1,166	5
85 and over	1,415	260	50	30	180	1,154	485	669	1

---

[1] *A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries and nursing homes on the last day of the fiscal year. Approximately 7 percent of the records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years. Age calculation in the Patient Treatment File has changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months as was done in previous years.*

[2] *Veterans with compensable service-connected disabilities but treated for nonservice-connected disabilities only.*

[3] *All patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. A veteran who is admitted as an Office of Workers Compensation case is coded as a non-veteran.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Age[1]—Fiscal Year 1985

Type of Patient and Age Group[2]	Total All Patients	Service-Connected				Nonservice-Connected			Non-Veterans[4]
		Total	10% or More	Less Than 10%	NSC With SC[3]	Total	Pension	No Claim Pending	
All patients	1,031,299	308,430	98,745	4,407	205,278	717,505	172,989	544,516	5,364
Under 35	99,660	33,239	19,635	323	13,281	64,377	4,803	59,574	2,044
35-44	122,750	43,296	21,572	351	21,373	78,762	7,773	70,989	692
45-54	135,664	34,959	12,871	318	21,770	99,917	16,748	83,169	788
55-64	349,859	97,274	24,538	1,347	71,389	251,563	66,875	184,688	1,022
65-74	236,184	77,873	16,130	1,022	60,721	157,696	49,649	108,047	615
75-84	54,365	15,772	2,895	269	12,608	38,418	14,313	24,105	175
85 and over	32,817	6,017	1,104	777	4,136	26,772	12,828	13,944	28
Psychotic	85,997	39,813	30,929	361	8,523	45,966	10,752	35,214	218
Under 35	24,181	13,249	11,157	82	2,010	10,793	1,224	9,569	139
35-44	21,814	11,471	9,431	73	1,967	10,319	1,696	8,623	24
45-54	11,888	4,735	3,640	42	1,053	7,136	1,699	5,437	17
55-64	16,504	6,248	4,379	85	1,784	10,237	3,512	6,725	19
65-74	8,224	3,264	1,975	36	1,253	4,947	1,646	3,301	13
75-84	2,021	572	249	7	316	1,443	491	952	6
85 and over	1,365	274	98	36	140	1,091	484	607	....
Other psychiatric	107,565	27,375	10,458	284	16,633	79,809	10,988	68,821	381
Under 35	27,131	5,965	2,471	61	3,433	20,936	1,134	19,802	230
35-44	33,229	9,916	4,260	73	5,583	23,265	1,684	21,581	48
45-54	18,155	3,570	1,117	29	2,424	14,534	1,810	12,724	51
55-64	20,604	5,284	1,754	72	3,458	15,283	4,193	11,090	37
65-74	6,822	2,229	740	28	1,461	4,582	1,634	2,948	11
75-84	1,028	299	88	7	204	725	297	428	4
85 and over	596	112	28	14	70	484	236	248	....
Medical and surgical	837,737	241,242	57,358	3,762	180,122	591,730	151,249	440,481	4,765
Under 35	48,348	14,025	6,007	180	7,838	32,648	2,445	30,203	1,675
35-44	67,707	21,909	7,881	205	13,823	45,178	4,393	40,785	620
45-54	105,621	26,654	8,114	247	18,293	78,247	13,239	65,008	720
55-64	312,751	85,742	18,405	1,190	66,147	226,043	59,170	166,873	966
65-74	221,138	72,380	13,415	958	58,007	148,167	46,369	101,798	591
75-84	51,316	14,901	2,558	255	12,088	36,250	13,525	22,725	165
85 and over	30,856	5,631	978	727	3,926	25,197	12,108	13,089	28

---

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 245,474 one-day dialysis discharges.*

[2] *Age calculation in the Patient Treatment File has been changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.*

[3] *Veterans with compensable service-connected disabilities but treated for nonservice-connected disability only.*

[4] *This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. A veteran who is admitted as an office of workers compensation program case, is coded as a non-veteran.*

BEST COPY AVAILABLE

VA Medical Centers-Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Sex[1]—Fiscal Year 1985

Compensation and Pension Status	All Patients				Female				Male			
	Total	Psychotic	Other Psychiatric	Medical and Surgical	Total	Psychotic	Other Psychiatric	Medical and Surgical	Total	Psychotic	Other Psychiatric	Medical and Surgical
VA Hospitals—Totals	1,031,299	85,997	107,565	837,737	20,251	2,833	1,733	15,685	1,011,048	83,164	105,832	822,052
Service-connected	103,152	31,290	10,742	61,120	2,644	1,013	282	1,349	100,508	30,277	10,460	59,771
10% or more	98,745	30,929	10,458	57,358	2,564	1,003	274	1,287	96,181	29,926	10,184	56,071
Less than 10%	4,407	361	284	3,762	80	10	8	62	4,327	351	276	3,700
Nonservice-connected with SC[2]	205,278	8,523	16,633	180,122	3,223	212	257	2,754	202,055	8,311	16,376	177,368
NSC with pension	172,989	10,752	10,988	151,249	2,950	430	164	2,356	170,039	10,322	10,824	148,893
NSC no claim pending	544,516	35,214	68,821	440,481	10,077	1,156	996	7,925	534,439	34,058	67,825	432,556
Nonveterans[3]	5,364	218	381	4,765	1,357	22	34	1,301	4,007	196	347	3,464

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 245,474 one day dialysis discharges.*

[2] *Veterans with compensable service-connected disabilities but treated for nonservice-connected disability only.*

[3] *This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. A veteran who is admitted as on Office of Workers Compensation Program case is coded as a non-veteran.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Percent Hospitalized in Reported State of Residence[1]—Fiscal Year 1985

Reported State of Residence	All Discharges			Type of Patient					
	Total	Hospitalized in Same State		Medical and Surgical		Psychotic		Other Psychiatric	
		Number	Percent	Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State
Total	1,031,295	912,961	88.5	837,736	88.5	85,996	90.1	107,563	87.6
United States	1,019,801	901,835	88.4	829,102	88.4	83,729	89.8	106,970	87.5
Alabama	21,153	18,968	89.7	16,412	89.8	2,276	92.8	2,465	85.9
Alaska	128	....	.....	113	.....	6	.....	9	.....
Arizona	22,252	21,510	96.7	18,913	96.7	1,309	96.1	2,030	96.5
Arkansas	23,226	19,682	84.7	19,823	84.4	1,125	87.3	2,278	86.9
California	83,935	82,000	97.7	68,943	97.9	7,814	97.3	7,178	96.6
Colorado	10,728	9,619	89.7	8,281	91.6	790	89.9	1,657	79.8
Connecticut	10,696	10,172	95.1	8,327	96.3	735	83.8	1,134	92.9
Delaware	2,408	1,989	82.6	2,123	90.8	106	24.5	179	20.1
District of Columbia	4,670	4,457	95.4	3,842	97.1	376	84.8	452	90.5
Florida	49,275	46,502	94.4	42,146	95.3	3,408	88.2	3,721	89.3
Georgia	26,037	20,570	79.0	21,557	78.7	2,111	80.5	2,369	80.4
Hawaii	49	....	.....	29	.....	3	.....	17	.....
Idaho	5,199	3,228	62.1	4,620	62.1	224	64.3	355	60.0
Illinois	54,938	46,583	84.8	44,188	83.7	4,606	88.7	6,144	89.6
Indiana	19,615	14,102	71.9	16,404	72.5	1,569	71.3	1,642	66.1
Iowa	15,851	12,967	81.8	12,722	80.1	1,405	91.7	1,724	86.0
Kansas	13,543	10,990	81.1	10,867	79.3	1,129	88.3	1,547	88.9
Kentucky	20,940	15,551	74.3	17,626	73.3	1,448	79.6	1,866	78.8
Louisiana	21,562	20,096	93.2	16,507	95.0	1,230	77.2	1,825	85.9
Maine	5,755	5,344	92.9	3,624	90.4	869	97.5	1,262	96.8
Maryland	15,104	9,914	65.6	11,862	64.7	1,040	70.9	2,202	68.0
Massachusetts	23,524	21,040	89.4	17,083	87.4	3,087	95.9	3,354	93.7
Michigan	28,044	26,763	95.4	21,857	95.5	3,088	96.9	3,099	93.5
Minnesota	19,877	16,710	84.1	16,011	82.2	1,773	91.2	2,093	92.1
Mississippi	17,307	13,959	80.7	14,624	80.3	1,186	86.0	1,497	80.0
Missouri	30,664	26,385	86.0	25,898	86.7	2,036	84.2	2,730	81.6
Montana	6,072	4,433	73.0	5,081	76.7	232	34.9	759	59.8
Nebraska	12,782	11,162	87.3	10,007	87.6	1,143	89.2	1,632	84.3
Nevada	5,542	3,779	68.2	4,867	67.6	304	67.4	371	77.1
New Hampshire	6,019	3,150	52.3	5,093	50.6	284	50.0	642	66.8
New Jersey	16,158	12,791	79.2	12,089	78.5	1,891	81.8	2,178	80.4
New Mexico	6,700	6,164	92.0	5,529	93.0	367	86.6	804	87.4
New York	70,750	69,446	98.2	57,969	98.4	5,376	97.1	7,405	97.4
North Carolina	26,081	24,276	93.1	20,908	92.9	1,821	94.0	3,352	93.8
North Dakota	2,654	2,021	76.1	2,095	83.0	220	51.4	339	50.1
Ohio	32,740	28,069	85.7	24,972	84.0	3,807	92.8	3,961	90.1
Oklahoma	15,842	13,546	85.5	13,470	88.4	793	73.3	1,579	66.6
Oregon	13,982	12,719	91.0	11,543	90.6	1,020	92.8	1,419	92.7
Pennsylvania	36,975	34,567	93.5	27,906	92.9	4,746	97.0	4,323	93.6
Rhode Island	4,056	3,683	90.8	3,493	92.7	221	76.9	342	80.1
South Carolina	18,015	13,337	74.0	15,567	74.6	1,058	66.4	1,390	73.5
South Dakota	8,591	7,764	90.4	6,537	89.5	592	92.2	1,462	93.5
Tennessee	24,341	23,664	97.2	20,055	97.6	1,863	96.1	2,423	94.6
Texas	76,632	72,075	94.1	63,310	94.1	6,019	96.0	7,303	91.7
Utah	5,720	5,541	96.9	4,102	97.2	562	96.3	1,056	95.8
Vermont	2,754	2,491	90.5	2,342	91.3	113	84.1	299	86.3
Virginia	25,256	20,918	82.8	20,652	83.5	2,243	88.0	2,361	72.0
Washington	15,847	14,009	88.4	12,848	88.8	1,553	92.0	1,446	81.1
West Virginia	15,377	13,002	84.6	12,382	86.7	951	65.2	2,044	80.3
Wisconsin	20,773	17,612	84.8	16,579	83.5	1,599	89.4	2,595	90.1
Wyoming	3,662	2,515	68.7	2,804	65.5	202	84.7	656	77.3
Outside United States	11,494	11,126	96.8	8,634	96.3	2,267	98.9	593	96.5
Canal Zone	1	....	.....	....	.....	....	.....	1	.....
Guam	....	....	.....	....	.....	....	.....	....	.....
Philippines, Republic of	....	....	.....	....	.....	....	.....	....	.....
Puerto Rico	11,178	11,126	99.5	8,349	99.5	2,253	99.6	576	99.3
Others	315	....	.....	285	.....	14	.....	16	.....

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 245,474 one-day dialysis discharges.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1985

Principal Diagnoses[2]	Total			Short Term[3]		Length of Stay (Days)													Total Days[4]
	Patients	Average Days	Median Days	Average Days	Percent of Total Discharges	1	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
All diseases and conditions	1,031,299	23.7	9.3	13.9	97.6	102,323	160,117	212,578	220,116	106,209	84,147	93,569	23,588	17,575	4,064	1,801	2,600	2,612	24,438,975
I. Infectious and parasitic diseases	11,521	23.1	10.1	14.7	97.1	1,052	1,649	2,326	2,449	1,322	967	1,051	326	250	76	19	20	14	265,642
Pulmonary tuberculosis (011)	1,699	36.7	17.6	21.8	92.4	36	81	222	402	295	193	235	88	86	42	15	2	2	62,349
Tuberculosis, other (010, 012-018)	262	28.2	16.8	21.5	95.8	8	26	31	56	40	25	52	12	7	4	1	......	......	7,380
Tuberculosis, late effects (137)	......	....	....	....	....	......	......	......	......	......	......	......	......	......	......	......	......	......	......
All other infectious and parasitic diseases (001-009, 020-136)	9,560	20.5	8.6	13.3	97.9	1,008	1,542	2,073	1,991	987	749	764	226	157	30	3	8	12	195,913
Late effects of other infectious and parasitic diseases (138-139)	......	....	....	....	....	......	......	......	......	......	......	......	......	......	......	......	......	......	......
II. Neoplasms	107,937	19.4	11.2	16.3	98.3	12,283	16,005	16,630	19,991	13,191	10,763	13,113	3,608	1,876	251	83	106	37	2,093,150
Malignant neoplasm of lip, oral cavity, and pharynx (140-149, 230.0)	6,463	29.2	15.5	22.6	95.2	367	667	955	1,197	736	640	978	526	335	42	9	9	2	188,418
Malignant neoplasm of digestive organs and peritoneum (150-159,230.1-230.9)	13,872	24.5	16.6	20.5	97.9	1,022	1,226	1,779	2,418	2,153	1,939	2,369	603	296	41	8	11	7	339,824
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	24,547	21.3	14.7	18.9	98.4	1,671	2,567	3,411	4,904	3,733	3,087	3,803	886	397	38	16	30	4	523,431
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	3,534	27.0	16.2	22.6	96.9	194	475	488	544	403	403	615	252	136	17	2	3	2	95,310
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	8,344	16.1	8.3	13.5	98.6	1,591	1,258	1,269	1,526	847	667	863	183	106	14	9	7	4	134,400
Malignant neoplasm of genitourinary organs (179-189, 233)	16,878	18.2	11.2	15.5	98.6	1,450	2,164	3,112	3,782	2,159	1,663	1,821	457	198	36	14	16	6	307,779
Malignancies of all other systems (170-175, 190-199, 232, 234)	20,133	19.4	10.4	15.5	98.2	2,634	2,887	3,294	3,748	2,344	1,868	2,279	619	352	55	18	25	10	390,772
Neoplasms, benign (210-229)	11,552	6.7	2.8	6.0	99.6	2,890	4,240	1,823	1,372	558	315	246	57	39	3	5	3	1	77,312
Neoplasms of unspecified nature (235-239)	2,614	13.7	6.6	10.4	99.1	464	521	499	500	258	181	139	25	17	5	2	2	1	35,904
III. Endocrine, nutritional, and metabolic diseases and immunity disorders	29,547	16.8	9.5	12.6	98.2	2,173	3,911	6,932	8,242	3,403	1,974	1,814	490	402	101	43	46	16	495,328
Diabetes mellitus (250)	17,657	17.1	10.4	13.2	98.0	1,063	1,928	4,018	5,448	2,179	1,203	1,099	321	266	67	30	26	9	301,802
Diseases of the endocrine glands (240-246, 251-259)	3,095	13.8	7.8	10.7	98.7	283	547	757	762	332	193	156	24	23	9	4	3	2	42,857
Gout (274)	1,078	9.7	7.0	8.8	99.5	57	217	351	278	91	43	32	4	2	2	1	......	......	10,447
Obesity (278.0-278.1)	429	23.0	12.3	15.7	94.8	32	44	76	104	55	43	39	11	22	2	......	1	......	9,881
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	6,516	17.6	7.9	12.0	98.6	571	1,091	1,632	1,528	664	417	401	102	68	17	5	15	5	114,370
Disorders involving the immune mechanisms (279)	772	20.7	10.2	15.6	96.7	167	84	98	122	82	75	87	28	21	4	3	1	......	15,971

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1985

Principal Diagnoses[2]	Total			Short Term[3]		Length of Stay (Days)													Total Days[4]
	Patients	Average Days	Median Days	Average Days	Percent of Total Discharges	1	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
IV. Diseases of the blood and blood-forming organs	9,490	12.5	5.8	8.9	99.4	2,261	1,746	1,661	1,909	935	497	364	63	37	9	2	2	4	118,597
Anemias (280-282.4, 282.7-285)	6,207	12.3	5.6	8.9	99.4	1,598	1,138	956	1,184	661	355	248	31	23	6	2	2	3	76,311
Sickle-cell trait and sickle-cell anemia (282.5-282.6)	239	6.5	5.0	6.0	99.5	44	57	73	44	14	4	2	......	1	......	......	......	......	1,554
Other diseases of the blood and blood-forming organs (286-289)	3,044	13.4	6.2	9.1	99.4	619	551	632	681	260	138	114	32	13	3	......	......	1	40,732
V. Mental disorders	193,562	53.7	16.8	20.8	93.9	14,999	17,759	28,838	29,981	20,385	24,945	34,618	8,698	7,306	1,952	892	1,343	1,846	10,394,809
Alcohol psychosis (291)	6,810	75.1	8.5	13.9	92.0	397	1,276	1,650	1,232	504	388	570	204	210	83	39	74	183	511,114
Drug psychosis (292)	866	18.0	9.5	14.4	98.1	51	121	222	188	93	67	83	19	18	2	1	......	1	15,606
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	6,692	166.8	26.2	25.8	80.0	176	278	584	1,152	820	728	1,073	458	479	180	119	250	395	1,116,315
Schizophrenic disorders (295)	47,505	99.7	22.5	24.8	89.4	2,699	2,912	4,906	7,119	5,842	5,980	9,336	3,135	2,785	858	434	598	901	4,737,154
Other psychoses (296-299)	24,124	44.5	23.3	26.1	93.2	1,535	1,142	2,263	3,473	3,173	3,453	5,459	1,716	1,256	277	116	140	121	1,074,322
Neurotic disorders (300)	8,684	28.9	15.6	20.3	95.3	712	736	1,205	1,595	1,083	1,078	1,432	378	326	73	24	34	8	251,247
Personality disorders (301)	5,257	29.8	14.0	18.9	95.3	500	506	791	977	639	592	740	226	199	40	13	23	11	156,450
Alcohol dependence or abuse (303, 305.0)	64,488	20.1	12.2	17.7	98.7	5,809	7,965	12,945	9,261	4,870	9,364	11,872	1,315	860	119	33	56	19	1,296,602
Drug dependence or abuse (304, 305.1-305.9)	10,167	22.2	12.1	17.3	97.1	1,447	1,021	1,641	1,663	1,169	1,159	1,381	319	278	58	16	11	4	225,341
Other nonpsychotic mental disorders (302, 306-319)	18,969	53.3	15.2	19.8	92.3	1,673	1,802	2,631	3,321	2,192	2,136	2,672	928	895	262	97	157	203	1,010,658
VI. Diseases of the nervous system and sense organs	55,456	24.1	5.8	9.5	97.2	5,330	16,098	14,143	9,110	3,585	2,222	2,461	834	765	236	142	219	311	1,337,892
Quadriplegia (344.0)	86	115.0	27.0	24.7	75.5	3	9	7	12	7	9	12	5	7	7	2	3	3	9,894
Paraplegia (344.1)	72	139.7	23.8	22.5	80.5	5	8	11	9	2	5	12	5	5	2	2	2	4	10,061
Epilepsy (345)	5,051	14.8	7.8	10.6	98.8	436	894	1,272	1,335	486	270	251	43	37	9	4	6	8	74,633
Disorders of the peripheral nervous system (350-359)	7,385	13.2	6.0	9.7	98.3	856	2,013	1,656	1,359	578	360	329	100	91	18	6	14	5	97,573
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349)	13,385	72.6	14.2	18.7	90.6	972	1,323	1,853	2,896	1,597	1,217	1,559	609	581	187	122	179	290	971,602
Glaucoma (365)	1,448	7.2	4.3	6.3	99.5	326	371	371	256	64	24	21	8	5	......	1	1	......	10,454
Cataract (366)	15,191	4.7	3.8	4.5	99.9	808	7,083	5,568	1,322	260	80	48	6	6	3	3	4	......	71,929
Blindness (369)	218	27.2	7.6	18.6	95.4	52	27	33	31	11	11	18	23	9	1	1	......	1	5,934
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	8,685	6.9	4.2	6.2	99.6	1,360	2,871	2,345	1,332	403	169	144	28	21	4	......	8	......	60,089
Diseases of the ear and mastoid process (380-389)	3,935	6.5	3.9	6.0	99.7	512	1,499	1,027	558	177	77	67	7	3	5	1	2	......	25,723
VII. Diseases of the circulatory system	167,640	16.3	9.5	12.4	98.6	12,191	24,169	37,689	46,345	20,729	11,508	10,042	2,369	1,693	367	175	233	130	2,727,917

Chronic rheumatic heart disease (393-398)	1,126	14.0	10.1	13.0	99.7	92	170	219	281	161	107	74	16	4	. . . . . .	1	1	. . . . . .	15,762
Hypertensive disease without heart involvement (401, 403, 405)	10,463	12.1	7.0	9.7	99.1	1,232	1,974	2,722	2,515	914	501	406	89	70	12	11	11	6	126,921
Hypertensive heart disease (402, 404)	2,925	18.0	10.2	12.4	98.7	107	266	804	951	341	228	159	30	20	9	3	4	3	52,516
Acute myocardial infarction (410)	12,184	14.8	11.9	13.0	99.5	861	772	1,755	4,939	2,203	941	580	74	39	4	1	10	5	180,699
Other ischemic heart disease (411-414)	42,384	11.3	7.2	9.3	99.5	3,026	8,561	11,905	11,091	4,320	1,879	1,208	190	103	32	17	36	16	477,185
Other forms of heart disease (391, 392.0, 420-429)	42,117	13.6	8.7	11.4	99.2	3,143	5,807	10,944	11,838	4,762	2,687	2,188	381	249	51	21	28	18	572,180
Cerebrovascular diseases (430-438)	23,316	29.9	13.4	17.9	96.1	962	2,119	3,884	6,170	3,328	2,266	2,667	862	669	153	72	98	66	697,857
Atherosclerosis (440)	2,633	27.1	14.1	18.2	95.5	113	352	360	566	395	302	312	96	101	22	7	6	1	71,408
Other diseases of arteries, arterioles, and capillaries (441-448)	14,581	21.9	13.5	17.1	97.4	899	1,895	1,924	3,332	2,361	1,637	1,640	450	315	63	31	24	10	318,753
Varicose veins of lower extremities (454)	1,782	22.5	12.9	17.7	97.0	91	174	330	426	256	157	224	58	50	9	4	3	. . . . . .	40.048
Hemorrhoids (455)	3,807	6.6	4.8	6.1	99.8	866	828	1,028	788	180	64	40	8	1	. . . . . .	1	2	1	25,227
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	10,322	14.5	10.7	12.5	99.1	799	1,251	1,814	3,448	1,508	739	544	115	72	12	6	10	4	149,361
VIII. Diseases of the respiratory system	75,084	15.9	8.8	11.8	98.7	3,873	10,932	20,320	21,055	8,061	4,630	4,165	952	650	151	72	149	74	1,195,540
Acute respiratory infections (460-466)	5,350	9.8	7.2	9.1	99.6	346	941	1,723	1,487	454	210	143	26	13	1	1	5	. . . . . .	52,450
Pneumonia and influenza (480-487)	17,577	18.1	11.2	13.9	98.7	573	1,382	4,173	5,848	2,465	1,370	1,248	265	162	39	16	20	16	318,471
Chronic bronchitis (491)	4,123	15.8	8.9	11.2	98.5	161	551	1,186	1,286	438	213	185	38	37	8	4	8	8	65,315
Emphysema (492)	1,704	22.9	11.4	14.5	97.3	60	162	391	499	228	150	134	32	23	6	6	12	3	38,966
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	46,330	15.5	7.9	11.3	98.6	2,733	7,896	12,847	11,935	4,478	2,687	2,455	591	415	97	45	104	47	720,338
IX. Diseases of the digestive system	98,533	12.0	7.4	10.3	99.3	10,055	17,166	26,063	24,481	9,350	5,096	4,571	958	577	94	31	74	17	1,183,751
Diseases of oral cavity, salivary glands, and jaws (520-529)	4,898	6.5	3.8	5.9	99.6	1,135	1,380	1,322	643	208	82	85	23	15	2	2	1	. . . . . .	32,001
Ulcers of the digestive system (530.2, 531-534) . .	9,892	11.3	7.4	10.1	99.4	1,434	1,513	2,340	2,518	978	504	457	82	51	7	1	6	1	111,990
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	11,381	9.5	5.8	8.2	99.3	2,000	2,449	2,794	2,390	825	409	354	77	57	10	6	8	2	108,270
Hernia of the abdominal cavity (550-553)	19,655	8.5	6.6	7.6	99.8	997	3,835	7,790	5,092	1,126	453	285	33	20	8	3	11	2	167,767
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	30,136	12.3	7.3	10.3	99.2	3,483	5,661	7,259	7,204	2,949	1,565	1,424	306	206	38	10	25	6	370,623
Alcohol-related liver disorders (571.0-571.3)	6,532	20.5	12.7	16.1	98.3	326	714	1,087	1,724	1,018	713	662	161	95	13	5	13	1	133,625
Other diseases of the liver, gallbladder, and pancreas (570, 571.4-577)	16,039	16.2	11.2	14.3	99.1	680	1,614	3,471	4,910	2,246	1,370	1,304	276	133	16	4	10	5	259,475
X. Diseases of the genitourinary system	54,463	12.8	7.5	10.3	99.2	5,273	9,666	13,979	14,108	5,145	2,902	2,405	521	291	62	25	54	32	698,586
Nephritis, nephrotic syndrome, and nephrosis (580-589)	5,133	21.7	11.0	15.7	97.9	368	755	972	1,102	625	478	553	154	79	22	9	10	6	111,507
Other diseases of the urinary system (590-599) . .	24,613	14.4	7.9	10.9	99.0	2,277	4,128	6,032	6,528	2,495	1,440	1,176	273	168	36	14	25	21	354,407
Diseases of the prostate (600-602)	16,002	10.4	7.9	9.8	99.7	1,634	2,175	4,343	4,814	1,589	790	543	69	27	2	1	12	3	166,633
Other diseases of the male genital organs (603-608)	6,986	7.7	5.4	6.9	99.6	686	2,082	2,171	1,347	370	163	118	24	17	2	1	4	1	53,853
Disorders of breast and gynecological diseases (610-629)	1,729	7.0	4.3	5.6	99.7	308	526	461	317	66	31	15	1	. . . . . .	. . . . . .	. . . . . .	3	1	12,186

See footnotes at end of table.

205

BLANK PAGE

BLANK PAGE

BLANK PAGE

TABLE 31—Continued

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1985

Principal Diagnoses[2]	Total			Short Term[3]		Length of Stay (Days)													Total Days[4]
	Patients	Average Days	Median Days	Average Days	Percent of Total Discharges	1	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
XI. Complications of pregnancy, childbirth, and puerperium (630-676)	33	15.0	2.8	4.0	96.9	9	11	7	3	2	......	......	......	......	......	......	1	......	496
XII. Diseases of skin and subcutaneous tissue	23,417	21.0	8.3	13.3	96.8	3,377	3,257	4,899	4,885	2,120	1,476	1,917	631	569	131	56	75	24	491,831
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	12,647	13.5	8.6	11.8	99.3	731	1,762	3,575	3,439	1,301	798	790	153	76	10	3	6	3	171,187
Other diseases of skin and subcutaneous tissue (700-709)	10,770	29.8	7.8	15.1	93.8	2,646	1,495	1,324	1,446	819	678	1,127	478	493	121	53	69	21	320,644
XIII. Diseases of the musculoskeletal system and connective tissue	46,173	14.6	8.7	12.2	98.8	3,881	8,464	9,755	10,705	5,491	3,512	3,083	645	463	79	36	42	17	673,340
Osteoarthrosis and allied disorders (715)	6,420	15.8	12.6	14.2	99.2	430	778	1,001	1,552	1,306	767	472	59	36	12	3	1	3	101,185
Other arthropathies and related disorders (710-714, 716-719)	9,524	13.7	7.1	10.8	98.8	886	2,041	2,365	1,961	908	588	523	119	92	18	5	11	7	130,596
Dorsopathies (720-724)	14,179	13.7	9.8	12.2	99.2	1,183	2,310	2,596	3,891	1,857	1,179	885	155	95	14	5	8	1	194,463
Rheumatism, excluding the back (725-729)	7,643	9.1	5.6	7.9	99.4	912	2,088	2,145	1,460	455	273	213	51	32	3	4	5	2	69,277
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739)	8,407	21.2	11.2	16.2	97.1	470	1,247	1,648	1,841	965	705	990	261	208	32	19	17	4	177,819
XIV. Congenital deformities (740-759)	2,179	12.3	6.5	9.7	99.0	295	491	485	452	207	119	82	23	15	3	1	4	2	26,796
XVI. Symptoms, signs, and ill-defined conditions (780-799)	50,983	13.1	6.7	9.7	98.8	6,494	10,526	12,473	11,565	4,329	2,302	2,091	551	425	89	40	69	29	665,995
XVII. Injury and poisoning	44,487	18.0	7.9	12.9	97.7	5,322	7,786	9,400	8,852	4,443	3,048	3,394	1,056	853	167	62	75	29	799,438
Fracture of skull (800-804)	1,611	10.5	6.5	9.0	99.3	186	310	502	367	104	48	67	14	7	3	......	3	......	16,974
Fracture of neck and trunk (805-809)	2,131	40.2	12.4	16.7	91.6	136	243	401	458	234	163	215	90	107	43	18	19	4	85,702
Fracture of upper and lower limb (810-829)	9,892	22.2	12.5	16.8	97.0	895	1,125	1,559	2,168	1,354	1,001	1,109	337	261	40	16	19	8	219,156
Dislocations, sprains, and strains of joints and adjacent muscles (830-848)	3,813	9.0	5.8	8.1	99.4	428	974	1,103	765	272	119	98	31	17	4	1	1	......	34,383
Intracranial injury, excluding those with skull fracture (850-854)	1,855	27.8	5.9	11.5	95.6	436	370	258	275	147	100	136	45	54	12	9	4	9	51,618
Internal injury of chest, abdomen, and pelvis (860-869)	530	12.2	8.0	11.0	98.8	36	70	159	131	63	30	32	3	6	......	......	......	......	6,451
Open wounds (870-897)	3,539	9.8	4.2	7.6	98.8	871	862	810	514	175	111	108	42	33	5	3	4	1	34,749
Burns (940-949)	1,044	22.2	12.8	17.2	96.4	95	110	167	221	139	98	139	29	38	6	......	2	......	23,207
Poisoning by drugs, medicinal, and biological substances (960-979)	2,283	8.5	5.2	7.9	99.7	449	523	598	390	143	82	74	17	5	......	......	2	......	19,359
Toxic effects of substances chiefly nonmedical as to source (980-989)	359	7.4	2.9	7.1	99.7	106	103	61	40	16	15	14	3	1	......	......	......	......	2,646
All other injuries (900-904, 910-939, 950-959, 990-995)	4,351	14.4	5.6	9.3	98.6	777	997	1,000	770	305	183	179	70	45	11	3	7	4	62,809

26

Complications of surgical and medical care, NEC (996-999)	13,059	18.5	10.0	14.8	97.7	904	2,095	2,775	2,751	1,491	1,096	1,221	375	279	43	12	14	3	242,178
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	20	10.3	5.7	10.3	100.0	3	4	7	2	......	2	2	......	......	......	......	......	......	206
XVIII. Factors influencing health status and contact with health services (V01-V82)	60,734	20.9	7.7	15.7	97.3	13,455	10,481	6,978	5,983	3,511	8,186	8,398	1,863	1,403	296	122	88	30	1,269,867

---

[1] *Patient Treatment File. This table as well as all others in this hospital discharge series, excludes approximately 245,474 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases 9th Revision Clinical Modification," DHHS Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Certain Conditions Originating in the Perinatal Period," in which no cases occurred, is not included in this table. Principal diagnosis is that diagnosis designated by the discharge physician as responsible for the major problem of the patient's length of stay.*

[3] *Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.*

[4] *Excludes those cases for which the number of days is unavailable.*

TABLE 32

VA Medical Centers--Hospital Care Component: Patients Discharged, Diagnostic Group, Period of Service[1] *Fiscal Year 1985*

Diagnostic Composition of Patients	Total	Period of Service						
		Post Vietnam[2]	Vietnam Era	Post Korea[3]	Korean Conflict[4]	World War II	World War I	All Others[5]
All discharges	1,031,299	52,079	190,978	61,335	134,768	543,767	31,231	17,141
Psychotic	85,997	11,955	33,564	6,741	9,935	21,596	1,295	911
Alcohol psychoses (291)	6,810	258	1,550	752	1,266	2,875	21	88
Drug psychoses (292)	866	155	422	41	59	163	19	7
Other psychoses (290, 293-299)	78,321	11,542	31,592	5,948	8,610	18,558	1,255	816
Other psychiatric	107,565	12,091	48,113	10,022	13,361	22,202	556	1,220
Alcohol dependence and abuse (303, 305.0)	64,488	6,111	25,647	7,630	10,126	14,210	9	755
Drug dependence and abuse (304, 305.1-305.9)	10,167	2,358	6,664	455	344	286	4	56
Other nonpsychotic mental disorders (300-302, 306-319)	32,910	3,622	15,802	1,937	2,891	7,706	543	409
Medical and surgical	837,737	28,033	109,301	44,572	111,472	499,969	29,380	15,010
All infectious and parasitic diseases (001-139)	11,521	892	2,207	709	1,443	5,478	559	233
Malignant neoplasms (140-208, 230-234)	93,771	1,074	5,968	3,778	11,738	66,697	3,096	1,420
Benign and unspecified neoplasms (210-229, 235-239)	14,166	372	1,672	632	1,871	9,100	290	229
Diabetes mellitus (250)	17,657	460	2,427	1,187	2,907	10,182	236	258
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278)	11,118	276	1,194	590	1,440	6,712	720	186
Disorders involving the immune mechanisms (279)	772	132	395	67	40	121	....	17
Diseases of the blood and blood forming organs (280-289)	9,490	239	918	348	1,012	6,122	662	189
Quadriplegia (344.0)	86	6	33	6	9	30	....	2
Paraplegia (344.1)	72	5	16	4	12	32	....	3
Other diseases of the nervous system (320-343, 344.2-359)	25,821	1,235	4,654	1,679	3,546	13,601	535	571
Diseases of the sense organs (360-389)	29,477	479	2,268	1,228	3,376	20,344	1,317	465
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	100,736	917	7,813	5,042	14,600	66,351	4,235	1,778
Cerebrovascular diseases (430-438)	23,316	137	1,211	926	2,856	16,818	1,035	333
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	43,588	874	4,907	2,425	6,311	27,372	1,008	691
Acute respiratory diseases (460-466, 480-487)	22,927	491	1,933	895	2,565	14,275	2,385	383
Chronic bronchitis and emphysema (491-492)	5,827	31	266	206	763	4,319	164	78
Other respiratory diseases (470-478, 490, 493-519)	46,330	1,068	4,056	1,938	5,832	31,253	1,421	762
Diseases of the oral cavity, salivary glands, and jaws (520-529)	4,898	503	922	305	668	2,360	61	79
Hernia of the abdominal cavity (550-553)	19,655	616	2,595	1,071	2,709	11,934	401	329
Alcohol-related liver diseases (571.0-571.3)	6,532	137	1,159	708	1,364	3,061	6	97
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	67,448	2,604	10,866	4,292	9,543	36,931	2,163	1,049
Diseases of the male genital organs (600-608)	22,988	413	1,723	757	2,472	16,588	745	290
Other diseases of the genitourinary system (580-599)	29,746	871	3,662	1,456	3,306	17,872	2,070	509
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676)	1,762	316	371	95	186	740	17	33
Diseases of the skin and subcutaneous tissue (680-709)	23,417	1,438	4,711	1,515	3,342	11,474	601	336
Diseases of the musculoskeletal system and connective tissue (710-739)	46,173	3,213	9,963	2,944	6,765	21,785	733	770
Congenital anomalies (740-759)	2,179	157	397	152	264	1,118	36	55
Symptoms, signs, and ill-defined conditions (780-799)	50,983	1,751	7,571	3,113	7,191	28,465	1,921	971
Injuries and poisonings (800-904, 910-999)	44,467	3,654	9,740	2,706	5,592	20,018	1,724	1,033
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	20	4	3	1	2	10	....	....
Factors influencing health status and contact with health service (V01-V82)	60,794	3,668	13,680	3,793	7,747	28,806	1,239	1,861
Supplementary classification of external causes of injury and poisoning (E800-E999)	....	....	....	....	....	....	....	....

---

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes 245,474 one day dialysis discharges.*

[2] *Service on or after May 8, 1975.*

[3] *Service between February 1, 1955 and August 4, 1964.*

[4] *Service between June 27, 1950 and January 31, 1955.*

[5] *Consists of 274 Spanish-American War and Mexican Border Service, 11,208 peacetime, 3,162 active and retired military, and 2,497 non-veterans.*

TABLE 33

Surgical Procedures Performed in VA Medical Centers—Hospital Care Component by Hospital Affiliation Fiscal Year 1985

Surgical Procedures[1]	Total	Affiliated Hospitals[3]	Non-Affiliated Hospitals
Surgical procedures (01-86)	414,009	385,592	28,417
Operations on the nervous system (01-05)	9,510	9,224	286
Incision and excision of skull, brain and cerebral meninges (01)	1,830	1,819	11
Other operations on skull, brain, and cerebral meninges (02)	851	843	8
Operations on spinal cord and spinal canal structures (03)	1,906	1,882	24
Operations on cranial and peripheral nerves (04)	4,601	4,418	183
Operations on sympathetic nerves or ganglia (05)	322	262	60
Operations on the endocrine system (06-07)	1,263	1,201	62
Operations on thyroid and parathyroid glands (06)	1,044	985	59
Operations on other endocrine glands (07)	219	216	3
Operations on the eye (08-16)	39,385	38,668	717
Operations on eyelids (08)	3,711	3,582	129
Operations on lacrimal system (09)	215	213	2
Operations on conjunctiva (10)	313	306	7
Operations on cornea (11)	916	879	37
Operations on iris, ciliary body, sclera and anterior chamber (12)	1,509	1,473	36
Operations on lens (13)	28,940	28,462	478
Operations on retina, choroid, vitreous, and posterior chamber (14)	2,730	2,716	14
Operations on extraocular muscles (15)	329	325	4
Operations on orbit and eyeball (16)	722	712	10
Operations on the ear (18-20)	4,721	4,534	187
Operations on external ear (18)	1,744	1,598	146
Reconstructive operations on middle ear (19)	1,511	1,492	19
Other operations on middle and inner ear (20)	1,466	1,444	22
Operations on the nose, mouth and pharynx (21-29)	19,798	18,958	840
Operations on nose (21)	5,973	5,685	288
Operations on nasal sinuses (22)	1,750	1,694	56
Removal and restoration of teeth (23)	2,063	1,961	102
Other operations on teeth, gums and alveoli (24)	1,677	1,643	34
Operations on tongue (25)	1,574	1,534	40
Operations on salivary glands and ducts (26)	1,024	951	73
Other operations on mouth and face (27)	3,404	3,210	194
Operations on tonsils and adenoids (28)	836	810	26
Operations on pharynx (29)	1,497	1,470	27
Operations on the respiratory system (30-34)	30,647	28,866	1,781
Excision of larynx (30)	2,056	2,006	50
Other operations on larynx and trachea (31)	12,090	11,723	367
Excision of lung and bronchus (32)	2,791	2,659	132
Other operations on lung and bronchus (33)	9,464	8,452	1,012
Operations on chest wall, pleura, mediastinum and diaphragm (34)	4,246	4,026	220
Operations on the cardiovascular system (35-39)	44,025	42,997	1,028
Operations on valves and septa of heart (35)	1,124	1,123	1
Operations on vessels of heart (36)	5,305	5,305	....
Other operations on heart and pericardium (37)	5,915	5,829	86
Incision, excision and occlusion of vessels (38)	11,204	10,670	534
Other operations on vessels (39)	20,477	20,070	407
Operations on the hemic and lymphatic system (40-41)	7,267	6,927	340
Operations on lymphatic system (40)	6,478	6,179	299
Operations on bone marrow and spleen (41)	789	748	41
Operations on the digestive system (42-54)	87,007	77,887	9,120
Operations on esophagus (42)	6,888	6,435	453
Incision and excision of stomach (43)	2,857	2,639	218
Other operations on stomach (44)	6,579	5,905	674
Incision, excision, and anastomosis of intestine (45)	20,274	18,139	2,135

See footnotes at end of table.

Surgical Procedures Performed in VA Medical Centers—Hospital Care Component by Hospital Affiliation
Fiscal Year 1985

Surgical Procedures[1]	Total	Affiliated Hospitals[2]	Non-Affiliated Hospitals
Other operations on intestine (46)	4,212	3,876	336
Operations on appendix (47)	1,953	1,725	228
Operations on rectum and perirectal tissue (48)	4,615	3,809	806
Operations on anus (49)	4,950	4,302	648
Operations on liver (50)	1,680	1,583	97
Operations on gallbladder and biliary tract (51)	7,378	6,608	770
Operations on pancreas (52)	882	842	40
Repair of hernia (53)	18,560	16,317	2,243
Other operations on abdominal region (54)	6,179	5,707	472
Operations on the urinary system (55-59)	48,117	43,487	4,630
Operations on kidney (55)	2,438	2,343	95
Operations on ureter (56)	2,838	2,709	129
Operations on urinary bladder (57)	37,448	33,577	3,871
Operations on urethra (58)	4,838	4,340	498
Other operations on urinary tract (59)	555	518	37
Operations on the male genital organs (60-64)	31,116	28,340	2,776
Operations on prostate and seminal vesicles (60)	20,528	18,781	1,747
Operations on scrotum and tunica vaginalis (61)	903	787	116
Operations on testes (62)	2,265	2,053	212
Operations on spermatic cord, epididymis and vas deferens (63)	3,285	2,847	438
Operations on penis (64)	4,135	3,872	263
Operations on the female genital organs (65-71)	870	796	74
Operations on ovary (65)	207	189	18
Operations on fallopian tubes (66)	38	32	6
Operation on cervix (67)	72	66	6
Other incision and excision of uterus (68)	226	212	14
Other operations on uterus and supporting structures (69)	224	205	19
Operations on vagina and cul-de-sac (70)	72	66	6
Operations on vulva and perineum (71)	31	26	5
Obstetrical procedures (72-75)	2	2	....
Forceps, vacuum, and breech delivery (72)	1	1	....
Other procedures inducing or assisting delivery (73)	....	....	....
Cesarean section and removal of fetus (74)	1	1	....
Other obstetric operations (75)	....	....	....
Operations on the musculoskeletal system (76-84)	58,019	54,616	3,403
Operations on facial bones and joints (76)	2,466	2,431	35
Incision, excision, and division of other bones (77)	7,258	6,825	433
Other operations on bones, except facial bones (78)	4,074	3,915	159
Reduction of fracture and dislocation (79)	6,552	6,150	402
Incision and excision of joint structures (80)	10,150	9,521	629
Repair and plastic operations on joint structures (81)	10,296	9,909	387
Operations on muscle, tendon, fascia of hand (82)	3,236	2,985	251
Operations on muscle, tendon, fascia, and bursa, except hand (83)	4,555	4,196	359
Other procedures on musculoskeletal system (84)	9,432	8,684	748
Operations on the integumentary system (85-86)	32,262	29,089	3,173
Operations on the breast (85)	1,446	1,341	105
Operations on skin and subcutaneous tissue (86)	30,816	27,748	3,068

---

[1] *Patient Treatment File. The procedures included in this table are grouped based on the 'International Classification of Diseases 9th Revision Clinical Modification', (ICD-9-CM) DHHS Publication No. PHS 80-1260: The numbers following the operations are the identifying code numbers of this operation classification. Miscellaneous diagnostic and therapeutic procedures (87-99) and the following selected diagnostic procedures (16.21, 18.11, 20.31, 21.21, 29.11 and 31.41) are excluded.*

[2] *Affiliated facilities include 137 VA medical centers with a Dean's Committee.*

TABLE 34

Operating Costs of VA Inpatient Facilities—Fiscal Year 1985

Activity	Total	Hospital Care				Nursing Care	VA Domiciliaries
		Total	Bed Section				
			Medical[1]	Surgical	Psychiatric		
Total Cost (in thousands)[2]	$6,229,718	$5,735,989	$3,015,963	$1,593,843	$1,126,183	$397,259	$96,470
Professional and ancillary:							
Medical services[3]	1,640,326	1,570,116	828,936	490,770	250,410	52,461	17,749
Nursing services	1,477,226	1,344,198	697,334	362,107	284,757	128,283	4,745
Chaplain services	25,652	21,981	11,378	4,328	6,275	2,476	1,195
Dietetics services	387,920	318,350	164,257	61,939	92,254	48,316	21,254
Dental services	43,559	38,152	18,602	7,563	11,987	2,887	2,520
Audiology and speech pathology	8,369	6,917	4,754	1,531	632	1,289	163
Direct care, Total	3,583,053	3,299,715	1,725,261	928,138	646,316	235,712	47,626
Administrative support	773,023	696,841	359,036	180,463	157,342	57,320	18,862
Engineering support	647,816	567,038	283,990	144,229	138,819	58,256	22,522
Building management[4]	323,433	285,598	143,071	73,755	68,772	33,051	4,784
Research support	147,403	144,716	87,030	30,861	26,825	2,318	369
Education and training support	380,100	369,871	205,111	113,944	50,816	8,599	1,630
Asset acquisitions[5]	374,889	372,210	212,464	122,453	37,293	2,003	676
Support, Total	2,646,665	2,436,274	1,290,702	665,705	479,867	161,547	48,844

[1] *Includes intermediate care.*

[2] *Includes inpatient education and training support.*

[3] *Professional medical services include laboratory, pharmacy, blind rehabilitation, clinical nuclear medicine, rehabilitation medicine, social service, clinical psychology, radiology, medical media, and library.*

[4] *Includes operation of laundry.*

[5] *Asset acquisitions reflect obligations.*

NOTE: Totals may not add due to rounding.

TABLE 35

EXTENDED CARE

VA Nursing Homes, Community Nursing Homes, and Domiciliaries: Patient Movement – Fiscal Year 1985

Item	Nursing Homes	Community Nursing Homes	Domiciliaries
Gains, Total	18,520	34,613	10,677
Direct gains – Total	10,844	28,487	6,448
Admissions after rehospitalization	[1]574	[2]2,991	337
Other admissions	10,270	25,496	6,111
Transfers in from similar facilities[3]	118	575	145
Returns from absent sick in hospital status	7,558	5,551	4,084
Losses, Total	17,613	33,631	10,978
Discharges and deaths while in bed occupant or authorized leave of absence status – Total	7,655	19,811	5,151
Discharges	6,144	15,463	5,096
Deaths	1,511	4,348	55
Losses to absent sick in hospital status	9,795	13,207	5,723
(Discharges and deaths while in absent sick in hospital status – Total)	2,153	6,839	1,662
Discharges	1,185	5,161	1,584
Deaths	968	1,678	78
Transfers out to similar facilities[3]	163	613	104
Remaining on September 30, 1985 – Total	10,634	12,257	6,313
Bed occupants	10,233	11,828	5,830
On authorized leave of absence	42	......	283
Absent sick in hospital	359	429	200
Patients treated[4]	20,442	38,907	13,126
Average daily census[5]	9,556	11,444	5,979

[1] *Admissions after rehospitalization of more than 30 days.*

[2] *Admissions after rehospitalization of more than 15 days.*

[3] *Includes only patients transferred as VA beneficiaries.*

[4] *Discharges and deaths during the fiscal year plus the number remaining on the rolls at the end of the fiscal year.*

[5] *Based on the number of patient days during the fiscal year divided by the number of calendar days in the fiscal year.*

TABLE 36

State Home Hospitals, State Nursing Homes, and State Domiciliary Homes: Patient Movement[1] –Fiscal Year 1985

Item	State Home Hospitals	State Nursing Homes	State Domiciliary Homes
Gains, Total	3,708	11,385	9,750
Direct gains – Total	3,490	5,862	4,100
Admissions from state facilities	2,313	2,484	1,897
Other admissions	1,177	3,378	2,203
Returns from leave of absence status	218	5,523	5,650
Losses, Total	3,697	11,186	9,787
Discharges and deaths – Total	3,476	5,562	4,086
Discharges to state facilities	2,132	2,398	2,101
Other discharges	1,064	1,738	1,874
Deaths	280	1,426	111
Losses to leave of absence status	221	5,624	5,701
Bed occupants remaining on September 30, 1985	515	7,978	4,354
Patients treated[2]	3,991	13,540	8,440
Average daily census[3]	498	7,846	4,334

---

[1] *Data include only patients supported by VA.*

[2] *Discharges and deaths during the fiscal year plus the number on the rolls at the end of the fiscal year.*

[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

EXTENDED CARE

TABLE 37

VA Medical Centers–Domiciliary Care Component: Selected Data Fiscal Year 1985

Facility	Average Operating Beds 1	Bed Occupancy Rate (%) 2	Average Daily Census 3	Admissions 4	Discharges 4	Patients Treated 4 5	Remaining End of Year
Total	7,462	80.1	5,979	6,448	6,813	13,126	6,313
Arizona: Prescott	214	78.5	168	252	244	440	196
California: West Los Angeles	377	68.2	257	254	279	534	255
Florida: Bay Pines	200	88.5	177	280	276	477	201
Georgia: Dublin	326	79.4	259	188	234	491	257
Kansas: Leavenworth	669	72.9	488	568	592	1,116	524
Mississippi: Biloxi	173	79.8	138	184	193	342	149
New York: Bath	525	83.0	436	396	426	869	443
Ohio: Dayton	756	77.5	586	275	312	912	600
Oregon: White City	948	78.5	744	930	871	1,669	798
South Dakota: Hot Springs	400	78.0	312	457	476	809	333
Tennessee: Mountain Home	618	90.6	560	538	609	1,223	614
Texas:							
Bonham	210	91.0	191	125	151	354	203
Temple	528	86.7	458	661	697	1,184	487
Virginia: Hampton	475	70.3	334	477	506	867	361
West Virginia: Martinsburg	540	90.9	491	684	688	1,214	526
Wisconsin: Wood	504	75.8	382	324	363	729	366

---

[1] *Based on the number of operating beds at the end of each month of 13 consecutive months (September 1984–September 1985).*

[2] *Average daily census as a percent of the average operating beds.*

[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

[4] *Transfers included in individual facility totals, but excluded from overall total.*

[5] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

TABLE 38

VA Medical Centers—Nursing Home Care Component: Selected Data—Fiscal Year 1985

Location	Average Operating Beds[1]	Bed Occupancy Rate (%)[2]	Average Daily Census[3]	Admissions[4]	Discharges and Deaths[4]	Patients Treated[5]	Remaining on Sept. 30, 1985
Total	10,399	91.9	9,556	10,844	9,808	20,442	10,634
Alabama:							
Tuscaloosa	120	95.8	115	68	64	187	123
Tuskegee	112	93.8	105	42	42	153	111
Arizona:							
Phoenix	120	96.7	116	96	90	209	119
Tucson	41	97.6	40	7	6	47	41
Arkansas: Little Rock	200	95.5	191	69	66	267	201
California:							
Fresno	18	44.4	8	75	24	74	50
Livermore	120	90.0	108	68	54	166	112
Loma Linda	60	91.7	55	131	132	189	57
Long Beach	180	98.9	178	222	215	406	191
Palo Alto	150	96.0	144	542	547	693	146
San Diego	60	90.0	54	104	113	173	60
Sepulveda	158	93.7	148	148	153	311	153
West Los Angeles	55	27.3	15	68	8	68	60
Colorado:							
Denver	14	28.6	4	54	19	85	66
Ft. Lyon	37	97.3	36	12	12	49	37
Grand Junction	42	95.2	40	35	45	85	40
Connecticut: West Haven	90	96.7	87	11	11	98	87
Delaware: Wilmington	60	96.7	58	32	36	93	57
Washington, D.C.	5	80.0	4	22	1	61	60
Florida:							
Bay Pines	240	90.0	216	415	408	643	235
Gainesville	120	94.2	113	108	107	224	117
Lake City	68	79.4	54	115	47	154	107
Miami	116	88.8	103	156	169	277	108
Tampa	102	56.9	58	219	108	219	111
Georgia:							
Atlanta	120	54.2	65	117	44	157	113
Augusta	40	90.0	36	13	13	52	39
Dublin	86	90.7	78	25	25	110	85
Idaho: Boise	5	20.0	1	17	....	17	17
Illinois:							
Danville	120	93.3	112	433	433	552	119
Hines	119	92.4	110	238	232	353	121
Marion	9	44.4	4	50	2	50	48
North Chicago	190	95.8	182	65	64	254	190
Indiana:							
Ft. Wayne	54	94.4	51	15	14	68	54
Indianapolis	55	98.2	54	124	117	173	56
Marion	69	92.8	64	54	52	119	67
Iowa: Knoxville	200	94.5	189	83	80	283	203
Kansas:							
Leavenworth	45	95.6	43	23	24	69	45
Topeka	79	94.9	75	26	20	99	79
Wichita	59	94.9	56	101	101	162	61
Kentucky: Lexington	100	97.0	97	58	56	156	100
Louisiana: Alexandria	93	92.5	86	25	26	114	88
Maine: Togus	60	93.3	56	97	94	154	60
Maryland:							
Ft. Howard	47	95.7	45	15	11	58	47
Perry Point	80	92.5	74	60	53	132	79
Massachusetts:							
Bedford	162	93.8	152	84	86	245	159
Brockton	100	95.0	95	41	42	140	98
Northampton	50	98.0	49	14	12	61	49
Michigan:							
Allen Park	72	95.8	69	42	41	114	73
Ann Arbor	81	72.8	59	290	189	308	119
Battle Creek	205	95.6	196	61	65	262	197
Iron Mountain	40	97.5	39	151	149	190	41
Saginaw	30	93.3	28	113	103	133	30
Minnesota: St. Cloud	44	86.4	38	37	36	77	41
Mississippi:							
Biloxi	31	90.3	28	13	13	43	30
Jackson	120	94.2	113	88	85	204	119
Missouri:							
Columbia	54	94.4	51	30	40	94	54
Poplar Bluff	49	93.9	46	42	38	88	50
St. Louis	93	96.8	90	99	108	201	93
Montana: Miles City	26	96.2	25	4	4	30	26
Nebraska: Grand Island	42	81.0	34	95	87	128	41

See footnotes at end of table.

VA Medical Centers—Nursing Home Care Component: Selected Data—Fiscal Year 1985

Location	Average Operating Beds [1]	Bed Occupancy Rate (%) [2]	Average Daily Census [3]	Admissions [4]	Discharges and Deaths [4]	Patients Treated [5]	Remaining on Sept. 30, 1985
Nevada: Reno	60	95.0	57	194	194	247	53
New Hampshire: Manchester	120	89.2	107	175	157	279	122
New Jersey:							
East Orange	60	95.0	57	31	24	84	60
Lyons	90	97.8	88	71	73	166	93
New Mexico: Albuquerque	46	95.7	44	104	98	146	48
New York:							
Albany	100	96.0	96	105	96	199	103
Batavia	36	80.6	29	36	37	67	30
Bath	167	98.2	164	95	97	274	177
Brooklyn	300	95.3	286	114	107	406	299
Buffalo	36	91.7	33	64	68	99	31
Canandaigua	100	97.0	97	48	50	149	99
Castle Point	148	95.9	142	95	95	242	147
Montrose	122	92.6	113	51	52	174	122
Syracuse	50	92.0	46	48	45	95	50
North Carolina:							
Asheville	82	95.1	78	49	45	127	82
Fayetteville	38	97.4	37	18	13	52	39
Salisbury	93	95.7	89	80	75	168	93
North Dakota: Fargo	50	94.0	47	81	80	127	47
Ohio:							
Chillicothe	99	98.0	97	88	97	187	90
Cincinnati	206	89.8	185	105	121	305	184
Cleveland	100	91.0	91	67	67	167	100
Dayton	284	95.8	272	120	114	400	286
Oregon:							
Portland	68	76.5	52	277	247	316	69
Roseburg	75	98.7	74	47	46	122	76
Pennsylvania:							
Altoona	33	97.0	32	18	18	51	33
Butler	104	90.4	94	51	48	152	104
Coatesville	120	95.0	114	121	133	237	104
Erie	40	95.0	38	30	30	70	40
Lebanon	120	93.3	112	103	97	214	117
Pittsburgh (U.D.)	228	92.5	211	132	126	352	226
Wilkes-Barre	120	96.7	116	47	47	167	120
South Carolina: Columbia	120	94.2	113	200	192	312	120
South Dakota: Sioux Falls	75	94.7	71	100	97	175	78
Tennessee:							
Memphis	120	91.7	110	441	437	560	123
Mountain Home	58	96.6	56	37	36	94	58
Murfreesboro	48	97.9	47	14	13	61	48
Texas:							
Big Spring	40	95.0	38	70	68	109	41
Bonham	100	96.0	96	38	38	136	98
Dallas	78	76.9	60	214	99	213	114
Houston	78	96.2	75	69	79	156	77
Kerrville	96	83.3	80	138	73	193	120
Temple	120	93.3	112	130	121	241	120
Waco	84	96.4	81	21	20	104	84
Utah: Salt Lake City	7	42.9	3	4	1	7	6
Vermont: White River Junction	30	83.3	25	195	199	223	24
Virginia:							
Hampton	120	95.8	115	162	161	283	122
Richmond	120	75.8	91	130	75	192	117
Salem	100	93.0	93	178	176	273	97
Washington:							
American Lake	76	92.1	70	34	27	101	74
Spokane	9	66.7	6	47	1	49	48
West Virginia:							
Beckley	42	97.6	41	11	11	53	42
Martinsburg	120	98.3	118	41	42	161	119
Wisconsin:							
Tomah	100	98.0	98	93	92	192	100
Wood	200	90.0	180	243	251	424	173
Wyoming: Cheyenne	47	95.7	45	25	24	71	47

---

[1] *Based on the number of operating beds at the end of each month for 13 consecutive months (September 1984 - September 1985).*

[2] *Average daily census as a percent of the average operating beds.*

[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

[4] *Transfers included in individual facility totals excluded from overall total.*

[5] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

Community Nursing Homes: Selected Data—Fiscal Year 1985

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges and Deaths[2]	Patients Treated[3]	Patients Remaining on Sept. 30, 1985
Total	11,444	28,487	26,614	38,871	12,257
Alabama:					
Birmingham	72	221	223	298	75
Montgomery	17	32	54	66	12
Tuscaloosa	54	110	95	150	55
Tuskegee	40	66	68	108	40
Alaska: Anchorage	17	57	57	73	16
Arizona:					
Phoenix	178	415	449	600	151
Prescott	22	76	44	88	44
Tucson	82	273	259	353	94
Arkansas:					
Fayetteville	18	85	78	101	23
Little Rock	130	383	377	519	142
California:					
Fresno	51	199	205	255	50
Livermore	20	40	39	63	24
Loma Linda	78	238	173	254	81
Long Beach	139	363	370	505	135
Martinez	64	183	158	233	75
Palo Alto	91	265	182	305	123
San Diego	61	142	141	208	67
San Francisco	57	228	192	237	45
Sepulveda	84	129	125	205	80
West Los Angeles	208	462	448	665	217
Colorado:					
Denver	99	266	235	344	109
Ft. Lyon	32	29	22	56	34
Grand Junction	31	99	97	131	34
Connecticut:					
Newington	43	125	98	148	50
West Haven	38	84	65	107	42
Delaware: Wilmington	48	149	152	194	42
District of Columbia: Washington	77	133	139	198	59
Florida:					
Bay Pines	131	388	402	544	142
Gainesville	68	187	163	247	84
Lake City	23	81	78	100	22
Miami	127	329	414	566	152
Tampa	162	540	563	720	157
Georgia:					
Atlanta	129	336	312	444	132
Augusta	113	244	241	358	117
Dublin	60	167	151	215	64
Hawaii: Honolulu	13	40	44	50	6
Idaho: Boise	44	171	184	217	33
Illinois:					
Chicago (Lakeside)	98	282	288	385	97
Chicago (West Side)	135	425	370	521	151
Danville	59	137	124	183	59
Hines	197	586	513	750	237
Marion	55	176	170	225	55
North Chicago	222	180	250	438	188
Indiana:					
Ft. Wayne	36	139	118	176	58
Indianapolis	73	251	224	298	74
Marion	109	130	117	240	123
Iowa:					
Des Moines	49	150	158	202	44
Iowa City	66	283	269	342	73
Knoxville	36	87	98	130	32
Kansas:					
Leavenworth	58	184	105	150	45
Topeka	86	160	125	230	105
Wichita	36	145	116	173	57
Kentucky:					
Lexington	87	233	239	329	90
Louisville	81	286	231	325	94

See footnotes at end of table.

Community Nursing Homes: Selected Data—Fiscal Year 1985

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges and Deaths[2]	Patients Treated[3]	Patients Remaining on Sept. 30, 1985
Louisiana:					
Alexandria	36	133	129	166	37
New Orleans	64	153	199	259	60
Shreveport	97	289	270	371	101
Maine: Togus	67	151	133	198	65
Maryland:					
Baltimore	39	117	118	167	49
Ft. Howard	24	56	55	82	27
Perry Point	56	63	59	114	55
Massachusetts:					
Bedford	90	115	110	195	85
Boston	112	260	268	394	126
Brockton	143	182	90	239	149
Northampton	74	76	81	153	72
West Roxbury	......	....	....	....	....
Michigan:					
Allen Park	79	195	203	278	75
Ann Arbor	55	165	180	237	57
Battle Creek	117	171	145	279	134
Iron Mountain	19	52	54	71	17
Saginaw	82	249	222	311	89
Minnesota:					
Minneapolis	226	682	681	919	238
St. Cloud	123	165	164	279	115
Mississippi:					
Biloxi	140	274	239	404	165
Jackson	66	191	190	254	64
Missouri:					
Columbia	35	132	129	170	41
Kansas City	87	338	232	326	94
Poplar Bluff	35	131	129	175	46
St. Louis	85	271	305	386	81
Montana:					
Ft. Harrison	32	103	98	130	32
Miles City	20	63	57	75	18
Nebraska:					
Grand Island	4	15	14	21	7
Lincoln	21	64	60	77	17
Omaha	48	229	224	280	56
Nevada:					
Las Vegas	1	3	5	5	....
Reno	23	94	82	110	28
New Hampshire: Manchester	35	79	70	102	32
New Jersey:					
East Orange	115	186	217	329	112
Lyons	49	93	89	158	69
New Mexico: Albuquerque	65	170	163	221	58
New York:					
Albany	46	84	77	124	47
Batavia	19	35	36	53	17
Bath	35	91	65	114	49
Bronx	48	128	105	153	48
Brooklyn	51	138	129	187	58
Buffalo	62	135	117	179	62
Canandaigua	41	24	32	73	41
Castle Point	15	38	40	52	12
Montrose	21	31	16	44	28
New York	36	91	86	118	32
Northport	80	151	107	214	107
Syracuse	37	54	53	90	37
North Carolina:					
Asheville	86	204	211	285	74
Durham	72	224	212	296	84
Fayetteville	50	139	138	186	48
Salisbury	70	108	107	177	70
North Dakota: Fargo	29	65	72	96	24
Ohio:					
Chillicothe	228	416	354	612	258
Cincinnati	71	279	241	329	88
Cleveland	173	296	247	445	198
Dayton	94	178	167	270	103

See footnotes at end of table.

Community Nursing Homes: Selected Data—Fiscal Year 1985

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges and Deaths[2]	Patients Treated[3]	Patients Remaining on Sept. 30, 1985
Oklahoma:					
Muskogee	60	218	222	291	69
Oklahoma City	72	371	356	446	90
Oregon:					
Portland	92	249	254	338	84
Roseburg	82	170	188	268	80
Pennsylvania:					
Altoona	29	70	81	110	29
Butler	26	54	57	83	26
Coatesville	209	312	228	472	244
Erie	22	78	70	98	28
Lebanon	117	219	184	307	123
Philadelphia	124	308	290	436	146
Pittsburgh (University Dr)	105	362	354	461	107
Pittsburgh (Highland Dr)	131	171	155	301	146
Wilkes-Barre	49	67	67	117	50
Puerto Rico: San Juan	52	165	145	212	67
Rhode Island: Providence	62	153	117	193	76
South Carolina:					
Charleston	38	113	107	149	42
Columbia	76	189	134	211	77
South Dakota:					
Ft. Meade	12	66	53	71	18
Hot Springs	8	11	16	20	4
Sioux Falls	36	179	175	216	41
Tennessee:					
Memphis	63	144	134	202	68
Mountain Home	114	250	238	360	122
Murfreesboro	45	91	70	129	59
Nashville	71	196	207	278	71
Texas:					
Amarillo	40	148	133	188	55
Big Spring	41	107	73	132	59
Bonham	44	166	163	217	54
Dallas	89	260	256	348	92
Houston	110	375	324	471	147
Kerrville	46	159	126	180	54
Marlin	17	41	44	63	19
San Antonio	104	300	295	410	115
Temple	68	208	207	274	67
Waco	90	121	118	213	95
Utah: Salt Lake City	108	338	339	446	107
Vermont: White River Junction	19	41	46	66	20
Virginia:					
Hampton	58	143	172	238	66
Richmond	70	204	217	279	62
Salem	91	155	87	174	87
Washington:					
American Lake	74	176	145	230	85
Seattle	128	401	376	509	133
Spokane	51	153	165	213	48
Walla Walla	31	115	99	133	34
West Virginia:					
Beckley	19	98	101	121	20
Clarksburg	93	248	186	282	96
Huntington	71	178	180	265	85
Martinsburg	91	164	129	222	93
Wisconsin:					
Madison	49	193	181	233	52
Tomah	70	152	86	201	115
Wood	106	304	278	400	122
Wyoming:					
Cheyenne	23	83	85	106	21
Sheridan	18	32	26	47	21

---

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

[2] *Transfers included in individual facility totals; excluded from overall total.*

[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

State Domiciliary Homes: Selected Data—Fiscal Year 1985

Location of State Home Domiciliary	Location of Authorizing VA Facility	Average Daily Census[1]	Admissions	Discharges and Deaths	Patients Treated[2]	Remaining on Sept. 30, 1985
Total		4,334	4,100	4,086	8,440	4,354
Arkansas: Little Rock	Little Rock, AR	96	137	133	229	96
California: Yountville	San Francisco, CA	632	783	785	1,431	646
Colorado: Homelake	Denver, CO	74	74	68	144	76
Connecticut: Rocky Hill	Newington, CT	345	472	504	829	325
Georgia: Milledgeville	Dublin, GA	177	130	122	301	179
Idaho: Boise	Boise, ID	90	134	143	230	87
Illinois: Quincy	Iowa City, IA	97	91	67	168	101
Indiana: Lafayette	Indianapolis, IN	96	24	43	125	82
Iowa: Marshalltown	Des Moines, IA	99	57	55	153	98
Kansas: Fort Dodge	Wichita, KS	67	27	11	87	76
Louisiana: Jackson	New Orleans, LA	71	90	111	190	79
Massachusetts:						
Chelsea	Boston, MA (OC)	268	298	297	565	268
Holyoke	Northampton, MA	35	23	31	62	31
Michigan:						
Grand Rapids	Allen Park, MI	147	71	73	218	145
Marquette	Allen Park, MI	72	76	42	123	81
Minnesota:						
Hastings	Minneapolis, MN	177	225	222	412	190
Minneapolis	Minneapolis, MN	181	81	107	288	181
Missouri: St. James	St. Louis, MO	34	48	57	91	34
Montana: Columbia Falls	Ft. Harrison, MT	59	43	40	102	62
Nebraska: Grand Island	Grand Island, NE	125	65	56	181	125
New Jersey: Menlo Park	East Orange, NJ	37	4	6	43	37
New York: Oxford	Syracuse, NY	55	32	26	88	62
North Dakota: Lisbon	Fargo, ND	106	64	51	156	105
Ohio: Sandusky	Cleveland, OH	260	147	161	414	253
Oklahoma:						
Ardmore	Oklahoma City, OK	68	131	152	206	54
Clinton	Oklahoma City, OK	29	46	43	71	28
Sulphur	Oklahoma City, OK	15	35	37	51	14
Pennsylvania:						
Hollidaysburg	Altoona, PA	170	150	157	325	168
Erie	Erie, PA	70	22	17	90	73
Rhode Island: Bristol	Providence, RI	46	12	16	58	42
South Dakota: Hot Springs	Hot Springs, SD	73	17	38	101	63
Vermont: Bennington	White River Jct., VT	14	13	13	27	14
Washington:						
Orting	Seattle, WA	60	18	17	79	62
Retsil	Seattle, WA	141	195	209	340	131
West Virginia: Barboursville	Huntington, WV	153	164	148	311	163
Wisconsin: King	Madison, WI	46	80	18	93	75
Wyoming: Buffalo	Sheridan, WY	49	21	10	58	48

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

[2] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

State Home Hospitals: Selected Data—Fiscal Year 1985

Location of State Home Hospitals	Location of Authorizing VA Facility	Average Daily Census[1]	Admissions	Discharges and Deaths	Patients Treated[2]	Remaining on Sept. 30, 1985
Total		498	3,490	3,476	3,991	515
California: Yountville	San Francisco, CA	25	1,002	991	1,025	34
Connecticut: Rocky Hill	Newington, CT	303	503	504	812	308
Illinois: Quincy	Iowa City, IA	16	406	404	419	15
Iowa: Marshalltown	Des Moines, IA	19	290	293	309	16
Massachusetts:						
Chelsea	Boston, MA (OC)	121	1,120	1,119	1,246	127
Holyoke	Northampton, MA	13	168	165	178	13
Oklahoma: Sulphur	Oklahoma City, OK	1	1	...	2	2

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

[2] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

TABLE 42

State Nursing Care Homes: Selected Data—Fiscal Year 1985

Location	Location of Authorizing VA Facility	Average Daily Census[1]	Admissions	Discharges and Deaths	Patients Treated[2]	Remaining on Sept. 30, 1985[3]
Total		7,846	5,862	5,562	13,540	7,978
California: Yountville	San Francisco, CA	640	1,026	1,007	1,653	646
Colorado:						
Florence	Denver, CO	96	37	60	139	79
Homelake	Denver, CO	28	29	30	51	21
Georgia:						
Augusta	Augusta, GA	173	169	172	343	171
Milledgeville	Dublin, GA	212	80	52	263	211
Idaho: Boise	Boise, ID	79	26	27	105	78
Illinois: Quincy	Iowa City, IA	391	531	502	883	381
Indiana: Lafayette	Indianapolis, IN	247	106	97	351	254
Iowa: Marshalltown	Des Moines, IA	507	429	406	919	513
Kansas: Fort Dodge	Wichita, KS	52	23	24	80	56
Louisiana: Jackson	New Orleans, LA	110	114	69	194	125
Maine: Augusta	Togus, ME	102	76	76	176	100
Massachusetts:						
Chelsea	Boston, MA (OPC)	52	197	192	248	56
Holyoke	Northampton, MA	250	150	143	398	255
Michigan:						
Grand Rapids	Allen Park, MI	544	177	182	723	541
Marquette	Iron Mountain, MI	61	72	41	116	75
Minnesota: Minneapolis	Minneapolis, MN	296	195	144	444	300
Missouri:						
Mexico	Mexico, MO	10	35	9	82	73
Mt. Vernon	St. Louis, MO	95	83	79	175	96
St. James	St. Louis, MO	161	226	201	368	167
Montana: Columbia Falls	Ft. Harrison, MT	61	56	50	114	64
Nebraska: Grand Island	Grand Island, NE	493	175	192	678	486
New Hampshire: Tilton	Manchester, NH	88	23	26	112	86
New Jersey:						
Menlo Park	East Orange, NJ	317	88	84	407	323
Vineland	Wilmington, DE	257	149	140	394	254
New York: Oxford	Syracuse, NY	65	34	36	100	64
Ohio: Sandusky	Cleveland, OH	265	67	62	331	269
Oklahoma:						
Ardmore	Oklahoma City, OK	102	128	85	222	137
Clinton	Oklahoma City, OK	127	101	104	232	128
Norman	Oklahoma City, OK	174	80	85	257	172
Sulphur	Oklahoma City, OK	131	130	120	257	137
Talihina	Oklahoma City, OK	156	107	106	264	158
Pennsylvania:						
Hollidaysburg	Altoona, PA	193	211	208	405	197
Erie	Erie, PA	68	30	31	104	73
Rhode Island: Bristol	Providence, RI	267	84	93	358	265
South Carolina: Columbia	Columbia, SC	146	129	122	269	147
South Dakota: Hot Springs	Hot Springs, SD	30	10	12	40	28
Vermont: Bennington	White River Jct., VT	119	136	133	257	124
Washington:						
Orting	Seattle, WA	103	39	37	140	103
Retsil	Seattle, WA	132	181	153	304	151
Wisconsin: King	Madison, WI	445	123	170	584	414

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year*

[2] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year*

[3] *Bed occupants only*

TABLE 43

Outpatient Medical Program: Visits to VA Staff and Private Physicians on a Fee-For-Service Basis Fiscal Years 1976–1985

Fiscal Year	Total			Category of Visit					
				Examinations					
				Compensation and Pension			Determine Need for Medical Care		
	Total	Staff	Fee	Total	Staff	Fee	Total	Staff	Fee
1985	19,600,849	17,789,582	1,811,267	385,837	267,533	118,304	2,510,342	2,495,140	15,202
1984	18,616,073	16,935,050	1,681,023	364,840	271,950	92,890	2,633,510	2,624,022	9,488
1983	18,509,552	16,617,485	1,892,067	370,552	271,189	99,363	2,581,957	2,566,518	15,439
1982	17,808,977	15,861,687	1,947,290	365,218	271,508	93,710	2,402,135	2,368,513	33,622
1981	17,929,550	15,825,064	2,104,486	377,559	283,539	94,020	2,463,349	2,435,466	27,883
1980	17,971,407	15,751,690	2,219,717	373,300	287,724	85,576	2,435,856	2,403,684	32,172
1979	17,262,408	15,053,332	2,209,076	372,077	290,695	81,382	2,239,313	2,213,770	25,543
1978	17,416,275	15,069,573	2,346,702	405,301	321,372	83,929	2,244,929	2,227,915	17,014
1977	17,045,079	14,675,284	2,369,795	421,425	337,252	84,173	2,205,165	2,193,258	11,907
1976	[1] 16,506,970	[1] 14,319,924	2,187,046	388,674	345,152	43,522	2,126,614	2,124,362	2,252

Fiscal Year	Category of Visit									
	Treatment						Aid and Attendance	All Other		
	Service Connected			Nonservice Connected						
	Total	Staff	Fee	Total	Staff	Fee	Fee	Total	Staff	Fee
1985	8,108,273	6,919,654	1,188,619	7,540,486	7,291,225	249,261	235,320	820,591	816,030	4,561
1984	7,670,978	6,547,053	1,123,925	6,881,822	6,658,841	222,981	225,780	839,143	833,184	5,959
1983	7,725,734	6,436,834	1,288,900	[1] 6,748,935	6,519,512	[1] 229,423	246,947	[1] 835,427	823,432	[1] 11,995
1982	[1] 7,428,408	[1] 6,056,360	1,372,048	[1] 6,537,701	[1] 6,337,784	[1] 199,917	239,671	[1] 835,844	[1] 827,522	[1] 8,322
1981	7,310,554	5,814,448	1,496,106	[1] 6,625,302	6,433,346	[1] 191,956	286,817	[1] 865,969	858,265	[1] 7,704
1980	7,284,333	5,666,049	1,618,284	[1] 6,628,669	6,474,561	[1] 154,108	321,030	[1] 928,219	919,672	[1] 8,547
1979	6,735,356	5,132,203	1,603,153	6,675,487	6,541,682	133,805	358,462	881,713	874,982	6,731
1978	6,022,072	4,392,103	1,629,969	7,352,253	7,215,088	137,165	462,295	929,425	913,095	16,330
1977	5,811,207	4,231,268	1,579,939	7,251,315	7,112,919	138,396	539,318	816,649	800,587	16,062
1976	5,284,220	3,722,074	1,562,146	7,234,247	7,141,678	92,569	475,121	998,094	986,658	11,436

[1] *Data adjusted.*

NOTE: Fiscal years 1975 through 1979 reflect breakouts for treatment, aid and attendance, and all other visits previously consolidated under "All Other"

PHARMACY

TABLE 44

Pharmacy Activity—Fiscal Years 1984–1985

Activity	FY 1985	FY 1984
VA Pharmacies		
Prescriptions dispensed – Total	48,154,978	42,904,424
Inpatient	1,066,401	1,198,852
Ambulatory – Total	47,088,577	41,705,572
Methadone	1,337,170	1,073,286
All other (including fee-basis filled by VA pharmacies)	45,751,407	40,632,286
Unit doses dispensed	158,574,347	139,167,378
Primary intravenous admixtures	2,150,330	1,948,300
Secondary intravenous admixtures ("piggy-backs")	8,821,978	7,975,642
Hyperalimentation	373,960	373,057
Fluids and sets	11,161,447	10,855,929
Fee-Basis		
Prescriptions filled by VA pharmacies	4,959,577	4,884,874
Prescriptions filled by participating pharmacies	498,849	516,682

Replacement and Relocation Hospital Construction Projects,[1] Fiscal Year 1985
Completions and Year End Status

Location	Number of Projects	Number of Beds	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Total	10	7,369	$1,256,010,600	$520,755,217	41	
A. Projects completed, Total	0					
B. Projects under construction, Total	8	5,546	909,022,600	520,755,217	57	
Florida : Bay Pines	...	830	106,889,400	101,653,999	95	August 1978 (A)
Georgia : Augusta	...	750	95,915,000	....	...	August 1985 (A)
Minnesota : Minneapolis	...	845	181,135,500	69,672,875	38	August 1982 (A)
Oregon : Portland/Vancouver	...	610	162,100,000	74,517,246	46	August 1982 (A)
Tennessee : Mountain Home	...	530	66,080,000	1,121,116	2	March 1985 (A)
Virginia : Richmond	...	814	115,339,700	111,672,535	97	November 1976 (A)
Washington : Seattle	...	490	111,119,000	91,966,386	83	May 1980 (A)
West Virginia : Martinsburg	...	677	70,444,000	70,151,060	99	July 1977 (A)
C. Projects authorized—not under construction, Total	2	1,823	346,988,000	....	...	
Pennsylvania : Philadelphia	...	776	111,240,000	....	...	
Texas : Houston	...	1,047	235,748,000	....	...	

---

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

Modernization Construction Projects,[1]—Fiscal Year 1985
Completions and Year End Status

Location	Number of Projects	Description	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Total	9		$347,839,092	$252,894,938	73	
A. Projects completed, Total	1		35,861,932	35,861,932	100	
Oklahoma : Oklahoma City	...	Clinical Addn/Modern/F&S Imp	35,861,932	35,861,932	100	January 1985 (C)
B. Projects under construction, Total	8		311,977,160	217,033,006	70	
Projects $1,000,000 and over, Total	8		311,977,160	217,033,006	70	
Alabama : Birmingham	...	Clinical Expansion	49,665,000	17,981,320	36	September 1983 (A)
California : San Francisco	...	Remodel Bldgs. 2, 4, 200	17,210,000	7,049,090	41	June 1983 (A)
Colorado : Denver	...	Clinical Support Wing	37,348,200	34,932,723	94	December 1982 (A)
Louisiana : New Orleans	...	Clinical Expansion	64,745,000	55,097,073	85	May 1982 (A)
Massachusetts : Brockton (WR)	...	SCI Center & Modernization, PH II	18,512,160	16,512,160	89	September 1981 (A)
Mississippi : Biloxi	...	Modernize Various Buildings	44,727,800	29,747,145	67	November 1983 (A)
New Mexico : Albuquerque	...	Clinical Improvements	67,144,000	43,724,320	65	July 1983 (A)
Ohio : Chillicothe	...	Modernize Buildings 24, 31, 35	12,625,000	12,061,293	96	January 1983 (A)
C. Projects authorized—not under construction, Total	0		....	....	...	

---

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

Nursing Home Care Units Construction Projects,[1]—Fiscal Year 1985
Completions and Year End Status

Location	Number of Projects	Number of Nursing Home Care Beds	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Total	25	2,610	$154,010,613	$78,051,212	51	
A. Projects completed, Total	11	1,020	63,299,645	63,299,645	100	
California : Fresno		60	4,206,816	4,206,816	100	July 1985 (C)
: West Los Angeles		120	3,527,169	3,527,169	100	March 1985 (C)
Colorado : Denver		60	3,717,361	3,717,361	100	December 1984 (C)
Dist. of Columbia : Washington		120	19,831,875	19,831,875	100	February 1985 (C)
Florida : Lake City		120	3,992,890	3,992,890	100	December 1984 (C)
: Tampa		120	5,460,967	5,460,967	100	October 1984 (C)
Idaho : Boise		60	2,474,776	2,474,776	100	July 1985 (C)
Illinois : Marion		60	3,268,164	3,268,164	100	July 1985 (C)
Texas : Dallas		120	6,486,619	6,486,619	100	October 1984 (C)
: Kerrville		120	6,143,148	6,143,148	100	October 1984 (C)
Washington : Spokane		60	4,189,860	4,189,860	100	May 1985 (C)
B. Projects under construction, Total	9	1,080	60,484,748	14,751,567	24	
Projects $1,000,000 and over, Total	9	1,080	60,484,748	14,751,567	24	
California : Loma Linda		60	3,810,000	....	...	June 1985 (A)
Florida : Miami		120	5,023,026	849,690	17	December 1984 (A)
Illinois : Hines		120	4,894,026	3,444,771	70	June 1984 (A)
Louisiana : Alexandria		120	4,809,493	171,080	4	July 1985 (A)
Missouri : St. Louis		60	4,574,600	226,995	5	June 1985 (A)
New Jersey : Lyons		240	13,737,000	....	...	September 1985 (A)
New York : Bronx		120	9,200,728	8,890,375	97	December 1982 (A)
: Northport		120	7,345,000	....	...	September 1985 (A)
Texas : San Antonio		120	7,090,875	1,168,656	16	September 1984 (A)
C. Projects authorized—not under construction, Total	5	510	30,226,220	....	...	
Projects $1,000,000 and over, Total	5	510	30,226,220	....	...	
Arizona : Tucson		120	5,556,220	....	...	
California : San Francisco		120	9,128,000	....	...	
: West Los Angeles		120	9,000,000	....	...	
New York : Syracuse		30	1,162,000	....	...	
Texas : Amarillo		120	5,380,000	....	...	

---

[1] Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.

[2] Construction anticipated, issued, awarded, including contingencies.

[3] Based on general construction only.

CONSTRUCTION TABLE 48

Research and Education Construction Projects,[1]—Fiscal Year 1985
Completions and Year End Status

Location	Number of Projects	Description	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Total	19		$29,622,453	$14,045,512	47	
A. Projects completed, Total	2		2,226,017	2,226,017	100	
Florida : Miami		Telephone Equipment Room	659,171	659,171	100	April 1985 (C)
Tennessee : Mountain Home		Medical Library	1,566,846	1,566,846	100	December 1984 (C)
B. Projects under construction, Total	7		12,987,967	11,819,495	91	
Projects $1,000,000 and over, Total	2		9,206,584	8,765,964	95	
California : Long Beach		Research Addition	7,787,408	7,622,025	98	June 1983 (A)
Ohio : Cincinnati		Renovate Surgical Space	1,419,176	1,143,939	81	September 1984 (A)
Projects under $1,000,000	5		3,781,383	3,053,531	81	
C. Projects authorized—not under construction, Total	10		14,408,469	....	...	
Projects $1,000,000 and over, Total	7		12,572,923	....	...	
Arkansas : Little Rock		Remodel Bldg.-Educ. Tng. Center	1,614,000	....	...	
California : Palo Alto		Expand Rehab. Engr. & Research Ctr. (PH3)	1,275,923	....	...	
: Palo Alto		Animal Research Operatory	1,811,000	....	...	
Idaho : Boise		Construct Research Facility	1,905,000	....	...	
Illinois : Danville		Construct Learning Resource Center	1,800,000	....	...	
New Jersey : East Orange		Reloc./Consol. Research, Expand Clin Lab	3,073,000	....	...	
South Carolina : Columbia		Addition to Bldg. 9 (Research)	1,094,000	....	...	
Projects under $1,000,000, Total	3		1,835,546			

---

[1] Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.

[2] Construction anticipated, issued, awarded, including contingencies.

[3] Based on general construction only.

TABLE 49

Other Improvement Construction Projects,[1] Fiscal Year 1985
Completions and Year End Status

Location		Number and Description of Projects	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)	
1. AIR CONDITIONING CONSTRUCTION PROJECTS							
TOTAL		0	....	....	...		
A. Projects completed, Total		0	....	....	...		
B. Projects under construction, Total		0	....	....	...		
Projects $1,000,000 and over, Total		0	....	....	...		
C. Projects authorized not under construction, Total		0	....	....	...		
Projects $1,000,000 and over, Total		0	....	....	...		
2. OTHER IMPROVEMENT – CONSTRUCTION PROJECTS							
TOTAL		928 Projects	$1,052,755,596	$338,654,564	32		
A. Projects completed, Total		218 Projects	127,028,233	127,028,233	100		
Alabama	: Birmingham	Renovate Research Labs	156,609	(4)	100	February	1985 (C)
	: Montgomery	Smoke Partitions	396,031	(4)	100	March	1985 (C)
	: Montgomery	Upgrade Ward Air & Exhaust	242,120	(4)	100	January	1985 (C)
	: Montgomery	ADP Site Preparation	169,380	(4)	100	November	1984 (C)
Arizona	: Phoenix	ADP Equipment Site Preparation	124,729	(4)	100	January	1985 (C)
	: Phoenix	Install Cat Scanner	129,181	(4)	100	December	1984 (C)
	: Prescott	Surgical Suite Expansion	611,975	(4)	100	May	1985 (C)
	: Tucson	Upgrade & Expand JC-80 Controls	319,973	(4)	100	August	1985 (C)
	: Tucson	ADP Site Preparation	192,553	(4)	100	May	1985 (C)
Arkansas	: Little Rock	HVAC Kitchen, Bldg. 76	359,909	(4)	100	October	1984 (C)
	: Little Rock	Emergency Power, Bldg. 76	80,569	(4)	100	March	1985 (C)
	: Little Rock	Perimeter Fire Break	166,770	(4)	100	December	1984 (C)
California	: Livermore	Relocate Pharmacy	389,051	(4)	100	November	1984 (C)
	: Long Beach	Addition & Renovation SPD	2,333,621	(4)	100	October	1984 (C)
	: Long Beach	Replace ADP Computer System	285,000	(4)	100	December	1984 (C)
	: Martinez	Laboratory Expansion & Renovation	184,135	(4)	100	December	1984 (C)
	: Martinez	Modular Bldg. for Research	382,415	(4)	100	October	1984 (C)
	: Palo Alto	Correct Seismic Def. (Center Core Bldg.)	16,728,566	(4)	100	May	1985 (C)
	: San Diego	Ultrasound & Echocardiography Reloc.	187,950	(4)	100	June	1985 (C)
	: San Francisco	Installation of Hydraulic Elevator	530,115	(4)	100	January	1985 (C)
	: San Francisco	Special Procedures Room	270,540	(4)	100	June	1985 (C)
	: Sepulveda	Psy. Wd. Redesign-Wd. 5-1-C (PH. 3)	335,000	(4)	100	September	1985 (C)
	: West Los Angeles	Patient Library, Bldg. 208 Flr. 2 West	289,813	(4)	100	March	1985 (C)
Colorado	: Denver	Above Standard Items - Relocation	28,911	(4)	100	June	1985 (C)
	: Grand Junction	Remodel Ward 3E	402,169	(4)	100	October	1984 (C)
	: Grand Junction	ADP Site Preparation	253,609	(4)	100	August	1985 (C)
Connecticut	: Newington	Large Animal Care Facility, B#5	393,130	(4)	100	July	1985 (C)
	: West Haven	Install Cat Scanner	424,376	(4)	100	July	1985 (C)
Delaware	: Wilmington	Provide Warehouse Access	179,726	(4)	100	February	1985 (C)
Dist. of Columbia	: Washington	Expand Warehouse	248,000	(4)	100	December	1984 (C)
	: Washington	Enclose "G" Roof for Future ADP Facil.	307,823	(4)	100	February	1985 (C)
Florida	: Bay Pines	Add'l. Tram Path and Docks	163,727	(4)	100	July	1985 (C)
	: Gainesville	Proposed SICU on First Floor	332,485	(4)	100	April	1985 (C)
	: Lake City	Primary Dist., Secondary Dist.	1,324,673	(4)	100	December	1984 (C)
	: Lake City	Expand Laundry-Bldg. 74	377,939	(4)	100	July	1985 (C)
	: Lake City	Renovate SPD (Completion Items)	9,830	(4)	100	June	1985 (C)
	: Miami	Expand Dental	348,263	(4)	100	March	1985 (C)
	: St. Petersburg	Realignment and Release of Space	19,889	(4)	100	June	1985 (C)
	: Tampa	Supply Warehouse, Addition B.1	346,037	(4)	100	February	1985 (C)
	: Tampa	Install Computer Center	188,964	(4)	100	February	1985 (C)
Georgia	: Atlanta	Two Additional Elevators	1,994,666	(4)	100	March	1985 (C)
	: Dublin	Renovate Dietetic Service	309,093	(4)	100	May	1985 (C)
Idaho	: Boise	Relocate Medical Service Offices	280,357	(4)	100	December	1984 (C)
Illinois	: Danville	Expand & Relocate PAD	2,976,517	(4)	100	May	1985 (C)
	: Danville	ADP Site Preparation	244,749	(4)	100	December	1984 (C)
	: Danville	Renovate Laundry, Buildings 22 & 69	212,466	(4)	100	October	1984 (C)
	: Hines	P-2 Containment Facility	97,700	(4)	100	May	1985 (C)
	: Hines	Supply Depot Expansion, Bldg. #37	5,610,154	(4)	100	October	1984 (C)
	: Hines	Preparation/Renovation for ADP Decent	265,711	(4)	100	October	1984 (C)
	: Marion	Relocate & Update ICU (Wards 3A)	387,923	(4)	100	September	1985 (C)
	: Marion	Canteen Service Facility	265,345	(4)	100	July	1985 (C)
	: North Chicago	Fire & Safety Improvements	3,544,198	(4)	100	October	1984 (C)
	: North Chicago	A/C Patient Dining Room, B6	392,450	(4)	100	March	1985 (C)
	: North Chicago	Install Elevator, Bldg. #46	218,980	(4)	100	March	1985 (C)
	: North Chicago	Remodel Respiratory Care, B-133 2A	132,078	(4)	100	May	1985 (C)
Indiana	: Fort Wayne	Renovate Patient Rms., Wards 3E, 4E, 4W	313,124	(4)	100	April	1985 (C)
	: Fort Wayne	Relocate Respiratory Care to 3W	192,190	(4)	100	November	1984 (C)
	: Indianapolis	Renov. Bldg. 11, Rec./Canteen (CSR)	261,092	(4)	100	October	1984 (C)
	: Indianapolis	Third Floor Realignment	6,070	(4)	100	June	1985 (C)
	: Marion	Remodel Bldg. 138-3 & 4 (Pat. Priv.)	217,663	(4)	100	March	1985 (C)
	: Marion	Standpipe Hose System	277,621	(4)	100	December	1984 (C)
	: Marion	Remodel Fire Station	235,820	(4)	100	May	1985 (C)

See footnotes at end of table.

Other Improvement Construction Projects,[1] Fiscal Year 1985
Completions and Year End Status

Location		Number and Description of Projects	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Iowa	: Des Moines	Fire & Safety Struct. Improv.	218,448	(4)	100	May 1985 (C)
	: Des Moines	Space Planning	102,234	(4)	100	May 1985 (C)
	: Iowa City	Miscellaneous Service Building	417,545	(4)	100	November 1984 (C)
	: Iowa City	Admin. Office Modular Building	1,379,058	(4)	100	March 1985 (C)
	: Iowa City	Install ADP	285,694	(4)	100	June 1985 (C)
	: Knoxville	Handicap Improv. Bldgs. 101 & 102-PH 2	197,314	(4)	100	July 1985 (C)
	: Knoxville	Install Nurse Call Sys. Blds. 67, 68 & 101	100,400	(4)	100	August 1985 (C)
Kansas	: Topeka	Computer Room, Building 1	319,292	(4)	100	April 1985 (C)
	: Wichita	Expand Boiler Plant, B.13	263,789	(4)	100	December 1984 (C)
Kentucky	: Lexington	Renovate MICU	1,059,619	(4)	100	March 1985 (C)
	: Lexington	Computer Room and Cable	295,000	(4)	100	October 1984 (C)
	: Louisville	Orthopedic OR	168,068	(4)	100	May 1985 (C)
Louisiana	: Alexandria	Install Privacy Part., Bldgs. 2 & 7	256,160	(4)	100	October 1984 (C)
	: New Orleans	Upgrade Chases/Strwls, B=1 & 1A	273,960	(4)	100	August 1985 (C)
	: Shreveport	Patient Privacy-16 Bed Ward	404,016	(4)	100	May 1985 (C)
Maine	: Togus	DVB Building	2,785,295	(4)	100	March 1985 (C)
	: Togus	Renovate Ward 4S, Bldg. 200	293,925	(4)	100	November 1984 (C)
	: Togus	Renovate Ward 4N, Bldg. 200	338,570	(4)	100	August 1985 (C)
Maryland	: Baltimore	Cat Scanner	385,478	(4)	100	October 1984 (C)
	: Perry Point	Renovate & Expand Fire Station	390,650	(4)	100	July 1985 (C)
Massachusetts	: Brockton	Emergency Generator No. 2, B1	373,101	(4)	100	December 1984 (C)
	: Brockton	Laundry Loading Docks	337,528	(4)	100	December 1984 (C)
	: Northhampton	ADP Site Prep (Phase 1)	83,823	(4)	100	December 1984 (C)
Michigan	: Allen Park	Construct Ward Med. Areas	153,068	(4)	100	January 1985 (C)
	: Ann Arbor	Upgrade Operating Rooms	359,900	(4)	100	August 1985 (C)
	: Ann Arbor	Patient Privacy Renovation 4W & 7N	395,511	(4)	100	November 1984 (C)
	: Ann Arbor	Renovate Ambulatory Care, Pharmacy	365,580	(4)	100	June 1985 (C)
	: Battle Creek	Water Distr. Altn. for Fire Fighting	98,401	(4)	100	August 1985 (C)
	: Battle Creek	S & F Improvements, Bldgs. 6 & 24	80,874	(4)	100	May 1985 (C)
	: Battle Creek	HVAC Pat. Dining Rm 85 & Rad Ste., B=2	192,957	(4)	100	August 1985 (C)
	: Battle Creek	Site Preparation for ADP	187,181	(4)	100	November 1984 (C)
	: Detroit	Realignment of 13th & 14th Floors	57,767	(4)	100	May 1965 (C)
	: Saginaw	Install 1000 KVA Transformer	80,166	(4)	100	June 1965 (C)
Minnesota	: Minneapolis	Install Elevator, Bldg. 90 (REMC)	174,920	(4)	100	December 1984 (C)
	: Minneapolis	REMC Training Facility Addition	355,170	(4)	100	May 1985 (C)
	: St. Cloud	Canteen Addition, Building 5	879,401	(4)	100	December 1984 (C)
	: St. Cloud	Standby Generator, Phase I	458,579	(4)	100	June 1985 (C)
	: St. Cloud	Repl. T-Bldgs. with Recreation Bldgs.	283,967	(4)	100	April 1985 (C)
	: St. Cloud	Repl. Corrid Bldgs. 1, 2, 3, 4, 28; Repl. B-47	322,609	(4)	100	August 1985 (C)
Missouri	: Columbia	Construct Five Bed Coronary Care Unit	269,223	(4)	100	February 1985 (C)
	: Columbia	Construct Cat Scan Room	211,900	(4)	100	October 1984 (C)
	: Kansas City	Relocate Canteen to Basement, B.1	391,142	(4)	100	December 1984 (C)
	: Kansas City	VAMC ADP Equipment Installation	207,937	(4)	100	November 1984 (C)
	: St. Louis	BMET & MAS Records Renovation	382,386	(4)	100	March 1985 (C)
	: St. Louis	Install Elevators, Bldgs. 2 & 3	431,721	(4)	100	December 1984 (C)
	: St. Louis	Renovate Chapel Building 64	100,528	(4)	100	April 1985 (C)
Montana	: Fort Harrison	Remodel Ward 4 North	398,566	(4)	100	November 1984 (C)
New Hampshire	: Manchester	Install Add'l. Generator (450KW)	405,379	(4)	100	February 1985 (C)
	: Manchester	V&RC Space Realignment	1,104	(4)	100	June 1985 (C)
New Jersey	: East Orange	Additional Parking	358,767	(4)	100	September 1985 (C)
	: East Orange	Install Elev. for Handicapped, B=5	229,661	(4)	100	October 1984 (C)
	: Lyons	Provide Emergency Power	984,721	(4)	100	May 1985 (C)
	: Lyons	Additional Elevator B=2	168,980	(4)	100	April 1985 (C)
	: Lyons	Patient Privacy Building 9B	379,093	(4)	100	October 1984 (C)
New Mexico	: Albuquerque	NHCU Recreation Space Building 3	314,159	(4)	100	September 1985 (C)
	: Albuquerque	ADP Unit Site Preparation	265,348	(4)	100	October 1984 (C)
	: Albuquerque	Space Alterations for DVB	7,340	(4)	100	November 1984 (C)
New York	: Bronx	ADP Site Preparation - Phase II	299,807	(4)	100	May 1985 (C)
	: Brooklyn	Air, Oxygen & Vacuum System	3,111,498	(4)	100	February 1985 (C)
	: Brooklyn	Pat. Partitions (8E, 6E, 5E, 4E, 4W) Bldg. 1	278,630	(4)	100	May 1985 (C)
	: Brooklyn	Modify Laundry Loading Dock, Bldg. 4	224,237	(4)	100	July 1985 (C)
	: Brooklyn	Demolish Service Corridor	147,469	(4)	100	March 1985 (C)
	: Buffalo	Additional CCU Beds Ward 8A	403,000	(4)	100	January 1985 (C)
	: Buffalo	Subdivide 16 Bed Wards (PH 3)	338,271	(4)	100	August 1985 (C)
	: Canandaigua	Renov. Bsmt. Clin. for Off. Bldgs. 33, 34, 36	186,914	(4)	100	February 1985 (C)
	: Canandaigua	Install Elevator 5	164,689	(4)	100	November 1984 (C)
	: Montrose	ADP Room	252,438	(4)	100	February 1985 (C)
	: Northport	Install Well and Well House	260,584	(4)	100	August 1985 (C)
	: Northport	Renovate Medical Library (RMEC)	361,951	(4)	100	June 1985 (C)
	: Northport	TV Antenna System Dist.	391,798	(4)	100	November 1984 (C)
	: Syracuse	Renovate for Cat Scanner	249,650	(4)	100	May 1985 (C)
	: Syracuse	Heat Recovery System	124,100	(4)	100	April 1985 (C)
North Carolina	: Asheville	Construct File Room	317,686	(4)	100	March 1985 (C)
	: Asheville	Renovate X-Ray File Area for CAT Scan	163,759	(4)	100	February 1985 (C)
	: Asheville	ADP Installation, Building 47	147,182	(4)	100	February 1985 (C)
	: Durham	Dental & Audiology Expansion	418,371	(4)	100	August 1985 (C)
	: Durham	Renovate Building 2	409,054	(4)	100	December 1984 (C)
	: Salisbury	Const. Enclosed Corridor to Chapel	316,420	(4)	100	August 1985 (C)
	: Salisbury	Inner Stairwells, All Bldgs.	131,402	(4)	100	October 1984 (C)
North Dakota	: Fargo	Library Expansion	317,876	(4)	100	December 1984 (C)

See footnotes at end of table.

Other Improvement Construction Projects,[1] Fiscal Year 1985
Completions and Year End Status

Location		Number and Description of Projects	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Ohio	: Chillicothe	Telephone Renovation	435,379	(4)	100	March 1985 (C)
	: Cincinnati	Renovate 7th Floor, Psych. Ward	958,074	(4)	100	April 1985 (C)
	: Cincinnati	Expand Animal Area, Building 15	365,792	(4)	100	June 1985 (C)
	: Cincinnati	ADP Site Preparation	234,300	(4)	100	May 1985 (C)
	: Dayton	ADP Site Preperation	182,421	(4)	100	March 1985 (C)
Oklahoma	: Muskogee	Outpatient Addition	7,393,049	(4)	100	September 1985 (C)
	: Oklahoma City	Connecting Bridge	300,463	(4)	100	October 1984 (C)
	: Oklahoma City	Kitchen Renovation, Phase 3	270,441	(4)	100	June 1985 (C)
Oregon	: Portland	Boiler Plant Replacement	1,497,030	(4)	100	March 1985 (C)
	: Roseburg	2nd Electrical Service Entrance	292,136	(4)	100	April 1985 (C)
	: White City	Renovate B-204S (P/M QTRS)	225,367	(4)	100	March 1985 (C)
	: White City	Renovate B-204N (P/M QTRS)	220,674	(4)	100	March 1985 (C)
Pennsylvania	: Altoona	Replace Telephone Service	330,443	(4)	100	April 1985 (C)
	: Butler	Sprinkler System Bldg. 1, 2 & 3	195,168	(4)	100	May 1985 (C)
	: Erie	Canteen, Cafeteria Renovation	353,216	(4)	100	February 1985 (C)
	: Philadelphia	Clinical Improvements	1,342,000	(4)	100	August 1985 (C)
	: Philadelphia	New Strut. Slab 9S (Smoke Barrier)	117,383	(4)	100	March 1985 (C)
	: Philadelphia	Expansion of Pilot Computer Space	241,414	(4)	100	November 1984 (C)
	: Philadelphia	Uninterrupted Power Sys. Install.	889,258	(4)	100	November 1984 (C)
	: Pittsburgh (UD)	Installation ADP Computer	187,863	(4)	100	March 1985 (C)
	: Pittsburgh (UD)	Centralized Warehouse Facility	1,596,655	(4)	100	January 1985 (C)
	: Pittsburgh (UD)	Outpatient Clinic Addition (Phase 1)	1,406,634	(4)	100	April 1985 (C)
	: Pittsburgh (UD)	Remod. Pat Dining Rms. Bldgs. 1, 2, 5 & 6	197,554	(4)	100	December 1984 (C)
	: Pittsburgh (UD)	Renovate Ground Floor Canteen	267,111	(4)	100	November 1984 (C)
	: Pittsburgh (UD)	Renovate 11th Floor Ward, Bldg. 1	395,050	(4)	100	November 1984 (C)
	: Pittsburgh (UD)	Renovation for Computer Room	209,501	(4)	100	March 1985 (C)
	: Pittsburgh (UD)	Renovate Patient Areas, Flr. 9	181,052	(4)	100	October 1984 (C)
	: Pittsburgh (UD)	Upgrd. Dishwsh. Area & Provide Cart Wash	116,249	(4)	100	June 1985 (C)
	: Wilkes Barre	Alterations (Loading Dock)	154,210	(4)	100	December 1984 (C)
	: Wilkes Barre	Correct Electrical Deficiencies	1,185,715	(4)	100	June 1985 (C)
Puerto Rico	: San Juan	Second Emergency Generator	315,398	(4)	100	December 1984 (C)
Rhode Island	: Providence	Install ADP System	152,249	(4)	100	December 1984 (C)
	: Providence	Replace Telephone System	352,972	(4)	100	March 1985 (C)
South Carolina	: Charleston	Essential Hospital Elect. Svcs.	343,464	(4)	100	March 1985 (C)
	: Charleston	Relocate SICU and MICU	945,686	(4)	100	February 1985 (C)
Tennessee	: Memphis	Ambulatory Care Addition	4,740,094	(4)	100	October 1984 (C)
	: Memphis	Land Acquisition & Relocation	1,894,000	(4)	100	April 1985 (C)
	: Memphis	Land Acquisition, Parcels 1-4	242,727	(4)	100	April 1985 (C)
	: Memphis	Remodel Bldg. (Psych. Day Treatment)	311,542	(4)	100	October 1984 (C)
	: Mountain Home	New Domestic Water & Fire Mains	596,203	(4)	100	March 1985 (C)
	: Mountain Home	F&S Improv. (Strwls. & Smk Drs.) B#2, 3, 5 & 7	165,298	(4)	100	October 1984 (C)
	: Murfreesboro	Renovate and Modernize Canteen	352,872	(4)	100	October 1984 (C)
	: Nashville	Renovate Laboratory Service	1,196,742	(4)	100	May 1985 (C)
	: Nashville	Renovate & Upgrade Renal Dialysis	337,279	(4)	100	December 1984 (C)
	: Nashville	Create Special Procedures Rm.	155,974	(4)	100	May 1985 (C)
	: Nashville	VARO Space Realignment	16,667	(4)	100	June 1985 (C)
Texas	: Austin	Uninterruptible Power Sup Sys (UPS)	824,233	(4)	100	November 1984 (C)
	: Austin	Upgrade DPC for 370/168	227,955	(4)	100	November 1984 (C)
	: Austin	Convert Warehouse to Office Space	221,356	(4)	100	November 1984 (C)
	: Austin	Fire Protection System	37,415	(4)	100	November 1984 (C)
	: Bonham	ADP Site Preparation	113,953	(4)	100	February 1985 (C)
	: Kerrville	Life Safety Deficiencies	203,650	(4)	100	May 1985 (C)
	: Kerrville	Modernize Patient Rooms-Phase C	319,000	(4)	100	December 1984 (C)
	: San Antonio	Sprinkler System	3,677,719	(4)	100	January 1985 (C)
	: San Antonio	Emergency Water Supply	167,942	(4)	100	December 1984 (C)
	: San Antonio	Expand SICU (+4 Beds)	118,644	(4)	100	March 1985 (C)
	: San Antonio	Construct Electrophysiology Lab.	133,580	(4)	100	April 1985 (C)
	: Temple	Installation of Cat Scanner	258,000	(4)	100	March 1985 (C)
Utah	: Salt Lake City	Remodel Ward 4A	918,203	(4)	100	December 1984 (C)
	: Salt Lake City	Consolidate Radiology	340,500	(4)	100	February 1985 (C)
	: Salt Lake City	Remodel Ground Floor, Building 1	170,251	(4)	100	February 1985 (C)
Virginia	: Hampton	RNVT & A/C Dining Room, Bldg. 116	998,992	(4)	100	May 1985 (C)
	: Salem	Fire & Safety Improvements	2,131,390	(4)	100	October 1984 (C)
	: Salem	Renovate Dental Clinic	390,071	(4)	100	December 1984 (C)
Washington	: American Lake	Remodel Wd Bldg. 5 & Seismic Corr.	1,474,551	(4)	100	May 1985 (C)
	: Spokane	Renovate Laundry	424,692	(4)	100	April 1985 (C)
	: Spokane	Corr. F&S Defic. Bldgs. 1, 2 & 3	304,416	(4)	100	February 1985 (C)
Wisconsin	: Madison	Expand Recovery Room	326,886	(4)	100	June 1985 (C)
	: Milwaukee	Mod. Wds. 6AN & &7CS, Bldg. 111	116,053	(4)	100	August 1985 (C)
	: Milwaukee	Handicap Barriers B#111	195,014	(4)	100	March 1985 (C)
West Virginia	: Huntington	Engineering Equipment Bldg.	288,068	(4)	100	May 1985 (C)
	: Huntington	Initial Alterations at VARO	35,500	(4)	100	June 1985
	: Martinsburg	Install Sprinkler System Under Bldg.	196,683	(4)	100	June 1985 (C)
Wyoming	: Sheridan	Fire Sprinklers, Bldgs. 64, 71, & 86	337,935	(4)	100	April 1985 (C)
	: Sheridan	Corridor, Buildings 3, 4 & 64	367,974	(4)	100	August 1985 (C)
	: Sheridan	Handicap Access Elevator, Bldg. 4	175,586	(4)	100	June 1985 (C)

See footnotes at end of table.

Other Improvement Construction Projects,[1] Fiscal Year 1985
Completions and Year End Status

Location		Number and Description of Projects	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)	
B. Projects under construction, Total		323 Projects	505,242,845	211,626,331	42		
Projects 1,000,000 and over, Total		66 Projects	424,388,155	180,591,308	43		
Alabama	: Tuscaloosa	Outpatient Addition	7,746,128	3,831,756	49	August	1983 (A)
	: Tuskegee	Replace Bed Building 62	9,651,904	2,830,802	29	September	1984 (A)
Arizona	: Tucson	Clinical Addn. for Lab, Surgery, PAD, etc.	12,333,219	11,281,415	91	September	1982 (A)
California	: Palo Alto	Surgical Addn. & F&S Improvements	15,457,753	13,356,750	86	January	1983 (A)
	: Palo Alto	Correct Electrical Deficiencies	1,336,226	685,274	51	October	1984 (A)
	: San Francisco	Modernize Intensive Care Unit	1,289,401	....	...	August	1985 (A)
Florida	: Lake City	Outpatient and Clinical Additions	4,113,564	2,268,813	55	September	1984 (A)
	: Miami	Outpatient Addn./Renov. & SCI Reloc.	17,231,402	12,960,570	75	April	1983 (A)
	: Tampa	Radiation Therapy Unit	4,118,500	....	...	August	1985 (A)
Georgia	: Dublin	Renovate Wards, Building 17	1,274,276	447,173	35	April	1984 (A)
Illinois	: Chicago (WS)	Outpatient Addn, Renovate B11A, 11B	18,681,331	11,176,492	60	August	1984 (A)
	: Chicago (WS)	Remodel Surgical Suite (O.R.)	1,547,000	....	...	September	1985 (A)
	: Chicago (WS)	Renovate Psychiatric Ward Area	1,461,836	1,392,825	95	September	1983 (A)
	: Hines	New Warehouse/Service Building	7,513,412	1,633,680	22	April	1985 (A)
	: Hines	Primary Distr., 2nd Distr, & 2nd Gener.	3,082,278	2,571,954	83	April	1984 (A)
Indiana	: Indianapolis	Expand Outpatient Clinic	1,429,346	710,738	50	September	1983 (A)
Kansas	: Leavenworth	F&S Improv. (Exit & Sprinklers)	6,439,995	1,798,798	28	September	1984 (A)
	: Wichita	Renovation for Outpatient Clinic	5,155,593	5,112,149	99	March	1983 (A)
Louisiana	: Alexandria	F&S Safety Improv. Bldgs. 2 & 7	1,185,000	....	...	September	1985 (A)
	: Shreveport	Ambu. Care Bldg/Linear Accelerator	10,489,000	....	...	September	1985 (A)
Maryland	: Perry Point	New Laundry Building	2,963,338	339,819	11	June	1985 (A)
	: Perry Point	Elev. B-11, 13, 14, 15, 22, 80 & 82	1,500,000	....	...	September	1985 (A)
Massachusetts	: Brockton	Fire & Safety Improvements	1,400,605	379,255	27	March	1985 (A)
	: Brockton	Modernize Buildings 2 & 7	18,700,000	....	...	September	1985 (A)
	: Northampton	Enclose Walkways	1,846,460	528,600	29	February	1985 (A)
Michigan	: Battle Creek	Renovate Building-82	2,479,220	443,436	18	April	1985 (A)
Minnesota	: St. Cloud	Renovate for Privacy, Bldg. 49	1,576,944	....	...	September	1985 (A)
Mississippi	: Jackson	Construct Warehouse	1,621,220	1,144,852	71	September	1984 (A)
Missouri	: St. Louis	Cl. Addn., Wd. Renov./New Amb. Care Bld.	23,944,710	8,549,254	36	July	1983 (A)
	: St. Louis	Chiller Water Plant Alteration	1,168,000	86,000	7	November	1984 (A)
Nebraska	: Lincoln	Outpatient Clinic Addition	3,758,408	3,613,486	96	July	1983 (A)
	: Omaha	Outpatient Clinic Addition	10,619,870	1,838,703	17	December	1984 (A)
New Jersey	: East Orange	Improve & Correct Envir. Deficiencies	28,372,151	16,536,292	58	August	1983 (A)
	: Lyons	Replace Sewage Plant	1,825,912	1,772,287	97	June	1983 (A)
New Mexico	: Albuquerque	Construct Warehouse	1,565,945	202,167	13	June	1985 (A)
New York	: Bath	Renov. Bldg. 78, NHCU	5,666,000	....	...	August	1985 (A)
	: Brooklyn (SA)	Laundry Consolidation	4,738,639	4,610,131	97	July	1983 (A)
	: Buffalo	Fire & Safety Improvements	3,977,660	1,856,059	47	September	1984 (A)
	: Castle Point	Water Supply System	1,691,302	1,644,627	97	November	1983 (A)
	: New York	Renov. 14S:Prosth., Orthotics, Restor.	1,155,000	....	...	September	1985 (A)
	: Northport	Enclose Stairwells, etc.	1,534,551	1,479,803	96	December	1983 (A)
	: Syracuse	F&S, Pat. Priv. & Support Sys & HVAC	26,464,446	803,984	3	June	1985 (A)
North Carolina	: Asheville	Energy Management & Heat Runaround	1,859,867	1,720,601	93	May	1984 (A)
	: Durham	Additional Elevators	2,784,720	561,801	20	January	1985 (A)
	: Fayetteville	Clinical Addition	10,273,500	116,777	1	July	1985 (A)
	: Salisbury	Renovate Ward Areas-Patient Privacy	1,615,366	1,519,867	94	May	1983 (A)
North Dakota	: Fargo	Addition for Clinical Improvements	12,197,373	6,265,238	51	February	1984 (A)
Ohio	: Cincinnati	Upgrade Electrical Distribution	2,788,594	1,932,056	69	September	1984 (A)
	: Cleveland	Replace Fire Alarm System	1,072,709	717,176	67	September	1983 (A)
Pennsylvania	: Altoona	Ambulatory Care Addition	8,347,000	1,529,780	18	September	1984 (A)
	: Pittsburgh (HD)	Central Laundry	3,398,771	1,749,919	51	September	1984 (A)
	: Pittsburgh (UD)	Outpatient Clinic Addition	20,271,697	5,523,341	27	September	1984 (A)
Rhode Island	: Providence	Emergency Generator	1,355,059	1,175,703	87	September	1984 (A)
South Carolina	: Charleston	Clinical Services Addition & Renov.	7,847,000	....	...	July	1985 (A)
South Dakota	: Sioux Falls	Clinical & Support Services Addition	9,940,175	2,674,820	27	September	1984 (A)
Tennessee	: Memphis	120 Bed SCI Bldg./Res. & Educ. Building	18,313,146	14,422,796	79	June	1983 (A)
	: Murfreesboro	Clinical Addition/Alterations, PH 2	10,222,374	8,029,402	79	October	1983 (A)
Texas	: Big Spring	Elect. Dist. & Essential Power Sys	1,555,342	....	...	September	1985 (A)
	: Dallas	Renovate B1&2, Patient Privacy	1,580,600	1,553,528	98	February	1983 (A)
	: Dallas	F & S Improvements	1,512,000	320,915	21	January	1985 (A)
	: Houston	Interim Improvement SCI Unit	1,555,986	1,227,827	79	July	1983 (A)
	: Houston	Correct Electrical Deficiencies	2,152,251	2,097,061	97	June	1983 (A)
	: San Antonio	Supply Warehouse and SPD	3,617,323	....	...	September	1985 (A)
	: Temple	Expand Clinic & Reloc. of Support Facil.	12,221,639	7,924,028	65	June	1983 (A)
	: Waco	Fire & Safety Corrections	3,877,887	2,926,620	75	April	1984 (A)
	: Waco	Telephone System Replacement	1,060,000	27,063	3	August	1985 (A)
Virginia	: Richmond	MRI Suite	1,332,733	370,894	28	July	1985 (A)
Wisconsin	: Tomah	Modernize Buildings 406 & 408	5,539,616	2,133,813	39	September	1984 (A)

See footnotes at end of table.

Other Improvement Construction Projects, [1] *Fiscal Year 1985*
Completions and Year End Status

Location		Number and Description of Projects	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Projects under $1,000,000, Total		257 Projects	80,854,690	31,035,023	38	
C. Projects authorized–not under construction, Total		387 Projects	420,484,518	....	...	
Projects $1,000,000 and over, Total		111 Projects	323,321,491	....	...	
Alabama	: Tuskegee	Correct Fire Deficiencies	1,375,000	....	...	
	: Tuskegee	Fire & Safety Improvements	1,318,000	....	...	
California	: Fresno	Reconstruct MICU/CCU & Stepdown	1,366,000	....	...	
	: Livermore	F&S Imp. Svc Elev., Amb. Care Exp.	5,686,000	....	...	
	: Livermore	Widen Bridge & Entrance Road	1,140,002	....	...	
	: Livermore	Post-Earthquake Utility Service	1,594,500	....	...	
	: Livermore	F & S Improv. & Seismic Bldgs. 64&65	1,121,437	....	...	
	: Long Beach	Correct Fire Protection Defic.	1,536,000	....	...	
	: Long Beach	Upgrade Secondary Electrical Distr.	4,399,000	....	...	
	: Long Beach	Reloc./Consol Hemodialysis 5N, Bld. 126	1,176,000	....	...	
	: Long Beach	Relocate MICU, B126	1,247,000	....	...	
	: Long Beach	Expand/Renovate Radiation Therpy	1,150,240	....	...	
	: Los Angeles	Outpatient Clinic Building	39,100,000	....	...	
	: Martinez	2nd, 3rd Flrs.-Educ./Admin. Bldg.	1,708,012	....	...	
	: San Diego	Spinal Cord Inj. Unit/SCI/OP Clinic	7,772,000	....	...	
	: San Diego	Emerg. Gen. & Conserv. of Energy	3,695,000	....	...	
	: San Diego	Non-Structural Seismic Corrections	4,838,000	....	...	
	: San Diego	Remodel MICU/CCU	1,420,000	....	...	
	: San Francisco	Nuclear Magnetic Resonance	1,220,000	....	...	
Connecticut	: West Haven	Fire & Safety Improvements	5,813,000	....	...	
Delaware	: Wilmington	Patient Privacy	1,117,000	....	...	
	: Wilmington	Renovation of Dietetics	1,179,094	....	...	
Dist. of Col.	: Washington	Enclose C Roof (Hosp Sys Dev Prog)	1,221,000	....	...	
	: Washington	Additional Sprinklers	1,503,736	....	...	
Florida	: Miami	Smoke Control System & Fire Alarm	1,247,564	....	...	
	: Miami	Variable Volume System (A/C)	1,149,000	....	...	
	: Miami	Renovate MICU/CCU	1,601,566	....	...	
	: Miami	Elevated Parking Structure	1,592,000	....	...	
Illinois	: Chicago (LS)	Patient Transport Corridor	1,507,000	....	...	
	: Chicago (LS)	Modernize Wards, 11th Floor	1,100,000	....	...	
	: Chicago (WS)	Fire and Safety/Pat. Priv. Improv.	5,136,000	....	...	
	: Chicago (WS)	Renov. Bldgs. 11A & 11B Phase II	15,382,000	....	...	
	: Danville	Reloc. Amb. Care, Nucl. Med. & Rad. Suite	1,571,000	....	...	
	: Hines	180 Bed Psychiatric Replacement Fac.	20,155,000	....	...	
	: Hines	New Linear Acceleration Facility	1,441,000	....	...	
	: Marion	Dental/Medical Support	1,104,000	....	...	
	: Marion	Expand Dietetics/SPD	1,649,964	....	...	
Indiana	: Indianapolis	F & S Improvement (WT & CS)	3,062,000	....	...	
	: Marion	Renovate Dietetic Area, Bldg. 122	1,118,000	....	...	
Iowa	: Knoxville	Fire and Safety Improvements	3,119,000	....	...	
Kansas	: Topeka	F&S Pat. Prvcy. & Electrical Improv.	14,938,000	....	...	
Kentucky	: Lexington	F&S Improvements (Deadend Corr.)	1,369,400	....	...	
	: Lexington	Renovate 2nd Floor, B1	1,253,316	....	...	
	: Louisville	Correct Exit Defic., Bldg. 1	1,181,000	....	...	
Louisiana	: New Orleans	Renovate 3rd Flr Patient Rms (East)	1,950,200	....	...	
Maryland	: Ft. Howard	Multi-Purpose Building	1,573,942	....	...	
	: Ft. Howard	Renovate 1st & 2nd Flrs. Bldg. 6	1,329,866	....	...	
	: Perry Point	Addn. Automatic Sprinklers	1,299,000	....	...	
Massachusetts	: Bedford	Ambulatory Care Addition	1,642,000	....	...	
Michigan	: Allen Park	Install Sprindlers Pat. Areas	1,471,000	....	...	
	: Ann Arbor	Linear Accelerator	1,430,367	....	...	
	: Iron Mountain	Sprinkler Hazard Areas, Bldg. 1	1,126,000	....	...	
Minnesota	: St. Cloud	Renovate Bldg. 51, Pat. Privacy PH1	1,539,292	....	...	
Missouri	: Poplar Bluff	Electrical Distr. Sys. Improv.	1,641,000	....	...	
	: St. Louis	Seismic Corrections	13,098,000	....	...	
	: St. Louis	Remodel Building #53	6,259,000	....	...	
Mississippi	: Jackson	Install Sprinklers	2,462,000	....	...	
Montana	: Ft. Harrison	Renovate Dietetics	1,048,000	....	...	
New Hampshire	: Manchester	Relocate Radiology & Chapel	1,266,000	....	...	
	: Manchester	Clinical Upgrade & Warehouse Bldg.	1,014,000	....	...	
Nex Mexico	: Albuquerque	Renov. Seis., Ther., & Conn. to Chill, B-4	1,568,000	....	...	
New York	: Albany	Renovate Chemistry Lab.	1,921,156	....	...	
	: Albany	Renovate 1D Admitting	1,325,000	....	...	
	: Bronx	Therapeutic Pool Addition	1,072,000	....	...	
	: Brooklyn	Centralized Tray Service	1,733,000	....	...	
	: Brooklyn (SA)	Mod. Kitchen & Satellite Dining Areas	3,799,000	....	...	
	: Brooklyn	Telephone Sys. Repl. Site Preparation	1,016,000	....	...	
	: Canandaigua	Total Sprinkler System	1,506,970	....	...	
	: Castle Point	Building Addition	7,148,000	....	...	
	: Montrose	Patient Privacy Building 4	1,274,000	....	...	
	: Montrose	Emergency Generators	1,959,000	....	...	
	: Montrose	Patient Privacy Building 15	1,758,100	....	...	
	: Northport	10 Bed SICU	1,734,000	....	...	
	: Syracuse	Parking Structure	6,355,000	....	...	

See footnotes at end of table.

Other Improvement Construction Projects,[1] *Fiscal Year 1985*
Completions and Year End Status

Location		Number and Description of Projects	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
North Carolina	: Asheville	Dietetic Kitchen Renovation	1,055,909	....	...	
	: Durham	Boiler Plant Replacement	1,972,000	....	...	
	: Salisbury	F&S Improv. (Standpipes & Fire Pumps)	1,202,000	....	...	
Ohio	: Chillicothe	Sewage Plant	1,200,000	....	...	
	: Cleveland	Fire and Safety Improvements	2,218,000	....	...	
	: Cleveland	Clinical Improv. Surg. Svc. Reloc.	8,040,000	....	...	
	: Cleveland	Fire and Safety Improvements	4,541,000	....	...	
	: Cleveland	NHCU Renovation, Bldg. 6	1,393,000	....	...	
	: Dayton	Fire and Safety Various Bldgs.	1,526,622	....	...	
	: Dayton	Steam Sys. to Bldgs. 307, 310, 315 & 143	1,893,000	....	...	
	: Dayton	Renov. MICU/Cardiac Cath. Bldg. 300	1,037,802	....	...	
	: Dayton	Renov. 2nd & 3rd Flrs. for NHC Bldg. 410	1,526,000	....	...	
Oklahoma	: Oklahoma City	Renovate 3 Wards - Phase II	1,170,000	....	...	
	: Oklahoma City	HVAC Duct Return System	1,372,000	....	...	
Pennsylvania	: Coatesville	New Kitchen and Dining Hall	5,135,000	....	...	
	: Coatesville	Warehouse Annex	1,007,085	....	...	
	: Erie	Construct Warehouse/Prime Electric	1,335,616	....	...	
	: Philadelphia	Sprinkler System for Hospital	1,569,500	....	...	
	: Pittsburgh (UD)	Renov. Bldg. 5 for NHCU	1,154,000	....	...	
	: Pittsburgh (UD)	Radiation Therapy Suite	1,311,000	....	...	
	: Wilkes Barre	Relocate Nuclear Medicine	1,058,000	....	...	
South Dakota	: Sioux Falls	Construct Warehouse & Offices	1,001,264	....	...	
Texas	: Big Spring	Renovate Surgery	3,158,000	....	...	
	: Bonham	Construct Cent. A/C Plant	1,239,400	....	...	
	: Dallas	Expand Laundry for NHCU	1,532,200	....	...	
	: Dallas	Expand Cobalt Therapy	1,042,400	....	...	
	: Kerrville	Update 2nd Dist. & Essential Elect.	1,254,549	....	...	
	: Temple	Correct Life Safety Code Def.	1,326,807	....	...	
	: Waco	New Dietetics Building	6,215,000	....	...	
Utah	: Salt Lake City	Expand Radiology	1,228,578	....	...	
	: Salt Lake City	F&S Improvements (Sprinklers)	1,533,238	....	...	
	: Salt Lake City	MRI Addition	1,465,000	....	...	
Virginia	: Hampton	Electrical System Modernization	1,709,000	....	...	
Washington	: Spokane	Add'l. Fire Sprinklers, Bldgs. 1 & 8	1,328,812	....	...	
	: Spokane	Add HVAC Plant	1,329,985	....	...	
West Virginia	: Clarksburg	Ward Renovation (3A)	1,286,000	....	...	
Wisconsin	: Tomah	Modernize Buildings 403 & 404	5,262,000	....	...	
Projects under $1,000,000, Total		276 Projects	97,163,027	....	...	

---

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*
[2] *Construction anticipated, issued, awarded, including contingencies.*
[3] *Based on general construction only.*
[4] *Same as value of construction issued or awarded when project is physically and/or financially complete.*

TABLE 50

National Cemetery Projects[1]—Completions and Year End Status—Fiscal Year 1985

Location	Number of Projects	Description	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Total	34		$23,445,096	$6,104,552	26	
A. Projects completed, Total	8		3,332,038	3,332,038	100	
Arkansas : Fayetteville		Office Addition to Service Bldg.	58,100	58,100	100	September 1985 (C)
Mississippi : Biloxi		Develop Designated Areas	331,282	331,282	100	December 1984 (C)
: Natchez		Public Restroom Addition	55,316	55,316	100	February 1985 (C)
New Mexico : Santa Fe		Develop 13 Acres	1,256,951	1,256,951	100	June 1985 (C)
North Carolina : New Bern		Develop 1 Acre	88,900	88,900	100	March 1985 (C)
Puerto Rico : Puerto Rico		Administration Building	349,277	349,277	100	November 1984 (C)
Texas : Ft. Sam Houston		Dev. 20,000 Gravesite & Reloc. Util.	801,759	801,759	100	December 1984 (C)
: Houston		Corr. of Defic. on 15 Acre Dev.	390,453	390,453	100	July 1985 (C)
B. Projects under construction, Total	17		5,183,858	2,772,514	53	
Projects $1,000,000 and over, Total	1		2,697,094	1,830,109	68	
New York : Calverton		Dev. 78,000 Gravesites & Add'l. Fac.	2,697,094	1,830,109	68	June 1984 (A)
Projects under $1,000,000, Total	16		2,486,764	942,405	38	
C. Projects authorized—not under construction, Total	9		14,929,200	....	...	
Projects $1,000,000 and over, Total	4		12,896,000	....	...	
Alabama : Ft. Mitchell		Dev. 50 Acres/Admn. & Svc. Bldgs.	3,105,000	....	...	
Florida : Florida		Dev. 13,000 Gravesites/Admn Bldg.	5,600,000	....	...	
Kansas : Leavenworth		Admin. Bldg, Add'l. Facilities	1,068,000	....	...	
Minnesota : Ft. Snelling		Administration and Service Bldgs.	3,123,000	....	...	
Projects under $1,000,000, Total	5		2,033,200	....	...	

---

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

Domiciliary Construction Projects[1]—Completions and Year End Status—Fiscal Year 1985

Location	Number of Projects	Number of Beds	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Total	4	1,008	$36,427,060	$8,659,291	24	
A. Projects completed, Total	0	...	....	....	...	
B. Projects under construction, Total	2	408	15,812,060	8,659,291	55	
Projects $1,000,000 and over, Total	2	408	15,812,060	8,659,291	55	
New York : Bath	...	208	6,781,061	5,099,272	75	February 1984 (A)
Virginia : Hampton	...	200	9,030,999	3,560,019	30	April 1984 (A)
C. Projects authorized—not under construction, Total	2	600	20,615,000	....	...	
Projects $1,000,000 and over, Total	2	600	20,615,000	....	...	
Texas : Temple	...	408	15,046,000	....	...	
Wisconsin : Milwaukee	...	192	5,569,000	....	...	

---

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

Incompetent and Minor Beneficiaries Served

Fiscal Year	Total Beneficiaries	Incompetent Adults				Minors		
		Total	Type of Fiduciary			Total	Type of Fiduciary	
			State Court Appointed	Federal	Supervised Direct Payment		State Court Appointed	Federal
1985	125,053	114,818	32,708	75,652	6,458	10,235	1,236	8,999
1984	125,083	113,334	34,331	72,424	6,579	11,749	1,702	10,047
1983	128,210	114,273	35,875	71,874	6,524	13,937	2,277	11,660
1982	128,693	112,267	37,066	68,939	6,262	16,426	2,964	13,462
1981	132,446	112,757	38,708	67,826	6,223	19,689	4,002	15,687
1980	138,797	114,905	40,917	67,930	6,058	23,892	5,490	18,402
1979	143,286	115,933	42,890	67,283	5,760	27,353	7,022	20,331
1978	145,891	115,187	44,759	65,029	5,399	30,704	9,184	21,520
1977	149,843	114,262	46,960	62,258	5,044	35,581	11,685	23,896
T.Q. 9/30/76	144,997	105,191	48,850	51,803	4,538	39,806	15,044	24,762
1976	141,218	100,044	49,208	46,505	4,331	41,174	16,154	25,020

National Cemeteries—Location, Interments, and Status of Gravesites
September 30, 1985

National Cemetery	FY 1985 Interments	Gravesties			Available		Close-out Date (Fiscal Year)[4]
		Used Cumulative[1]	Reserved	Available	Cremain Sites[2]	Casket Sites[3]	
Total	50,489	1,598,688	62,060	23,895	53,381	470,366	
Alexandria, LA	126	6,644	146	....	39	837	1992
Alexandria, VA	5	4,063	24	....	73	1	Closed
Alton, IL	4	495	35	....	0	1	Closed
Annapolis, MD	3	2,924	30	....	2	0	Closed
Balls Bluff, VA	0	25	0	....	0	0	Closed
Baltimore, MD	346	34,429	2,980	....	793	15	Closed
Barrancas, FL	554	15,038	568	778	462	2,530	1988
Bath, NY	168	9,349	0	....	7	223	1987
Baton Rouge, LA	10	5,030	49	....	2	2	Closed
Bay Pines, FL	860	5,276	0	385	702	1,244	1987
Beaufort, SC	168	12,165	165	....	137	5,039	2020
Beverly, NJ	378	37,205	3,602	....	98	8	Closed
Biloxi, MS	334	3,751	537	333	149	4,384	1993
Black Hills, SD	420	7,568	414	....	924	13,540	2030+
Calverton, NY	6,748	43,046	0	11,686	1,734	15,186	2030+
Camp Butler, IL	334	9,601	276	....	114	8,883	2026
Camp Nelson, KY	195	6,687	62	....	231	2,289	2018
Cave Hill, KY	2	5,634	3	....	25	....	Closed
Chattanooga, TN	558	26,018	507	....	50	13,713	2018
City Point, VA	12	5,495	75	....	28	0	Closed
Cold Harbor, VA	3	971	0	....	0	0	Closed
Corinth, MS	25	6,347	18	....	40	9,542	2030+
Crown Hill, IN	0	795	0	....	0	0	Closed
Culpeper, VA	133	5,571	6	....	51	5,161	2030+
Cypress Hills, NY	34	18,566	57	....	50	30	Closed
Danville, IL	114	6,650	0	....	268	12,592	2030+
Danville, KY	0	393	1	....	9	2	Closed
Danville, VA	2	2,155	25	....	27	0	Closed
Dayton, OH	503	27,213	2	....	30	401	2001
Eagle Point, OR	223	2,328	0	....	0	4,232	2030+
Fayetteville, AR	84	3,724	93	....	40	201	1988
Finn's Point, NJ	0	2,703	2	....	0	0	Closed
Florence, SC	131	4,802	56	....	35	825	2004
Florida, FL*	....	....	....	....	....	....	*
Fort Bayard, NM	53	2,013	0	....	38	2,542	2030+
Fort Bliss, TX	939	18,321	1,142	....	359	37,204	2030+
Fort Custer, MI	444	1,313	24	219	45	8,342	2030+
Fort Gibson, OK	261	8,515	123	....	48	2,992	2009
Fort Harrison, VA	8	1,113	2	....	2	0	Closed
Fort Leavenworth, KS[5]	....	....	....	....	....	....	Closed
Fort Logan, CO	1,802	31,183	682	....	1,940	11,761	2030+
Fort Lyon, CO	38	1,042	0	....	0	6,174	2030+
Fort McPherson, NE	134	4,017	84	....	9	2,448	2030+
Fort Meade, SD	0	188	0	....	0	0	Closed
Fort Mitchell, AL*	....	....	....	....	....	....	*
Fort Richardson, AK	79	1,411	0	....	293	1,273	2030+
Fort Rosecrans, CA	1,036	46,100	2,078	....	509	0	Closed
Fort Sam Houston, TX	2,131	45,933	2,895	....	139	19,180	2001
Fort Scott, KS	94	3,296	86	55	21	3,710	2011
Fort Smith, AR	229	6,190	206	....	92	3,119	2002
Fort Snelling, MN	3,335	82,302	12,452	2,673	3,914	32,217	2030+
Glendale, VA	8	1,308	0	....	0	0	Closed
Golden Gate, CA	1,453	99,794	7,626	....	6,109	21	Closed
Grafton, WV	2	2,084	47	....	0	0	Closed
Hampton, VA	296	21,410	452	174	127	1,955	1990
Hampton, (VAMC), VA	0	22	0	....	0	0	Closed
Hot Springs, SD	0	1,481	0	....	0	1	Closed
Houston, TX	1,285	17,555	33	....	83	12,750	2030+
Indiantown Gap, PA	586	1,558	0	....	1,278	13,911	2030+
Jefferson Barracks, MO	2,734	72,900	2,046	....	564	22,341	2030+
Jefferson City, MO	12	1,582	54	....	23	0	Closed
Keokuk, IA	54	2,734	59	....	43	3,752	2030+
Kerrville, TX	0	460	0	....	0	0	Closed
Knoxville, TN	110	7,497	196	....	124	213	1989
Leavenworth, KS	733	34,464	543	....	55	2,613	2030+
Lebanon, KY	76	2,148	31	....	51	1,322	2015
Lexington, KY	0	1,388	0	....	9	0	Closed
Little Rock, AR	408	17,307	296	....	45	916	1988
Long Island, NY	2,860	235,327	12,152	....	6,099	22	Closed
Los Angeles, CA	674	71,395	2	....	2,526	0	Closed
Loudon Park, MD	3	6,493	5	....	132	8	Closed
Marietta, GA	59	16,472	376	....	10	1	Closed
Marion, IN	117	5,050	0	....	6	390	2030+
Massachusetts, MA	972	3,669	0	1,248	1,538	22,355	2030+
Memphis, TN	756	31,864	545	....	595	1,053	1987

See footnotes at end of table.

BEST COPY AVAILABLE

National Cemeteries—Location, Interments, and Status of Gravesites
September 30, 1985

National Cemetery	FY 1985 Interments	Gravesites			Available		Close-out Date (Fiscal Year)[4]
		Used Cumulative	Reserved	Available	Cremain Sites	Casket Sites	
Mill Springs, KY	31	1,854	31	....	109	412	2000
Mobile, AL	10	3,611	240	....	5	8	Closed
Mound City, IL	45	6,932	67	....	24	1,287	2016
Mountain Home, TN	161	6,800	0	....	98	3,041	2030+
Nashville, TN	540	27,206	367	719	339	3,397	1989
Natchez, MS	67	5,122	49	....	45	406	1991
National Memorial Cemetery of the Pacific, HI	849	29,897	650	....	5,558	1,210	1988
New Albany, IN	9	4,963	145	....	205	2	Closed
New Bern, NC	116	5,824	92	....	165	541	1991
Philadelphia, PA	25	10,370	37	....	13	2	Closed
Port Hudson, LA	186	6,925	30	....	22	216	1991
Prescott, AZ	10	2,966	0	....	0	0	Closed
Puerto Rico, PR[6]	990	15,773	1,263	....	25	16,945	2030+
Quantico, VA	617	1,448	0	....	3,572	54,623	2030+
Quincy, IL	13	491	1	....	13	88	1990
Raleigh, NC	144	4,363	82	23	146	889	1992
Richmond, VA	19	7,272	212	....	0	1	Closed
Riverside, CA	4,755	27,418	0	5,034	5,826	45,457	2030+
Rock Island, IL	383	12,148	232	568	479	4,630	1994
Roseburg, OR	10	2,380	0	....	0	0	Closed
St. Augustine, FL	4	1,164	18	....	40	0	Closed
Salisbury, NC	138	14,842	63	....	0	728	1992
San Antonio, TX	0	3,008	28	....	23	173	Closed
San Francisco, CA	337	23,729	630	....	447	15	Closed
Santa Fe, NM	807	15,047	400	....	317	4,944	1993
Seven Pines, VA	1	1,134	1	....	0	0	Closed
Sitka, AK	20	692	1	....	6	39	2020
Springfield, MO	275	8,338	197	....	102	1,035	2005
Staunton, VA	2	842	5	....	10	2	Closed
Togus, ME	0	5,371	0	....	0	0	Closed
Willamette, OR	2,509	60,344	1,979	....	2,431	13,299	2001
Wilmington, NC	110	4,849	59	....	44	81	1986
Winchester, VA	11	5,061	35	....	96	1	Closed
Wood, WI	882	23,961	1	....	170	1,235	1998
Woodlawn, NY	24	6,294	211	....	12	0	Closed
Zachary Taylor, KY	131	8,689	963	....	93	192	1988

**Not yet open.*

[1] *Includes all type of gravesites including columbaria niches.*

[2] *In-ground sites suitable for cremated remains and columbaria niches.*

[3] *Gravesites available excluding Reserved and Adjacent Gravesites Set-Aside.*

[4] *Cemeteries indicated as "closed" may continue to inter eligible family members in already occupied gravesites and previously reserved gravesites.*

[5] *Included with Leavenworth National Cemetery data.*

[6] *Previously Bayamon, P.R.*

Disability, Death: Number of Cases, Expenditures by Period of Service

Period of Service	Number of Cases as of Sept. 30, 1985	Total Expenditures (in Thousands)[1]	Estimated Average Annual Expenditure Per Case[2]	
		Fiscal Year 1985	Fiscal Year 1985	Fiscal Year 1984
Grand total	4,005,534	$14,038,941	$3,505	$3,335
Living veterans	2,930,756	10,743,308	3,666	3,534
Service connected	2,240,277	8,270,396	3,692	3,573
Retired Emergency Officers	82	734	8,949	8,465
Nonservice connected	690,391	2,472,177	3,581	3,416
Special acts	6	1	140	160
Deceased veterans	1,074,778	3,295,633	3,066	2,813
Service connected	335,612	1,958,757	5,836	5,471
Nonservice connected	739,160	1,336,876	1,809	1,680
Special acts	6	([3])	80	85
Prior periods[4]	7,069	13,110	1,855	1,777
Living veterans	88	390	4,436	4,031
Service connected	5	29	5,899	6,284
Nonservice connected	83	361	4,347	4,008
Deceased veterans	6,981	12,720	1,822	1,749
Service connected	80	514	6,424	6,055
Nonservice connected	6,897	12,206	1,770	1,703
Special acts	4	([5])	([5])	([5])
World War I	381,245	938,305	2,461	2,276
Living veterans	68,402	303,652	4,439	4,009
Service connected	12,293	57,678	4,692	4,510
Retired emergency officers	82	734	8,949	8,465
Nonservice connected	56,027	245,240	4,377	3,898
Deceased veterans	312,843	634,653	2,029	1,841
Service connected	22,298	139,866	6,273	5,985
Nonservice connected	290,545	494,787	1,703	1,534
World War II	2,097,103	6,957,114	3,317	3,172
Living veterans	1,574,691	5,448,146	3,460	3,331
Service connected	1,048,976	3,727,176	3,553	3,427
Nonservice connected	525,715	1,720,970	3,274	3,142
Deceased veterans	522,412	1,508,967	2,888	2,697
Service connected	153,814	822,421	5,347	4,956
Nonservice connected	368,598	686,546	1,863	1,779
Korean conflict	399,225	1,642,515	4,114	3,918
Living veterans	308,860	1,315,809	4,260	4,119
Service connected	222,630	928,320	4,170	4,037
Nonservice connected	86,230	387,489	4,494	4,335
Deceased veterans	90,365	326,706	3,615	3,265
Service connected	37,812	216,288	5,720	5,325
Nonservice connected	52,553	110,418	2,101	1,893
Peacetime	404,431	1,606,774	3,973	3,895
Living veterans	352,490	1,265,182	3,589	3,528
Service connected	352,484	1,265,181	3,589	3,528
Special acts	6	1	140	160
Deceased veterans	51,941	341,592	6,577	6,265
Service connected	51,939	341,591	6,577	6,265
Special acts	2	([3])	240	187
Vietnam era	716,461	2,881,122	4,021	3,864
Living veterans	626,225	2,410,126	3,849	3,714
Service connected	603,889	2,292,011	3,795	3,662
Nonservice connected	22,336	118,116	5,288	5,176
Deceased veterans	90,236	470,995	5,220	4,880
Service connected	69,669	438,076	6,288	5,964
Nonservice connected	20,567	32,918	1,601	1,511

---

[1] *Totals may not add due to rounding.*

[2] *Averages are based on unrounded expenditures of veterans on the rolls at the end of the fiscal year.*

[3] *Less than $1,000.*

[4] *Includes Civil War, Indian Wars, Spanish-American War, and Mexican Border Service.*

[5] *Data not available.*

Disability Cases: By Age Group, by Period of Service—September 1985

Age Group	Grand Total[1] [2]			World War I and Earlier[1]			World War II		
	Total	Service Connected	Non-Service Connected	Total	Service Connected	Non-Service Connected	Total	Service Connected	Non-Service Connected
Median age	61	60	66	90	89	90	65	65	66
Total veterans	[1] [2] 2,930,756	2,240,277	690,391	[1] 68,490	12,298	56,110	1,574,691	1,048,976	525,715
Under 20	85	85	....	....	....	....	....	....	....
20 to 24	11,728	11,728	....	....	....	....	....	....	....
25 to 29	53,476	53,065	411	....	....	....	....	....	....
30 to 34	104,362	100,629	3,733	....	....	....	....	....	....
35 to 39	264,902	255,086	9,816	....	....	....	....	....	....
40 to 44	151,426	144,942	6,484	....	....	....	....	....	....
45 to 49	127,627	122,252	5,375	....	....	....	....	....	....
50 to 54	228,973	188,888	40,085	....	....	....	331	72	259
55 to 59	326,041	235,316	90,725	....	....	....	120,244	67,583	52,661
60 to 64	626,825	477,059	149,766	....	....	....	561,727	415,261	146,466
Under 65	1,895,445	1,589,050	306,395	....	....	....	682,302	482,916	199,386
65 to 69	526,858	379,507	147,351	....		....	482,073	335,674	146,399
70 to 74	264,928	170,509	94,419	....		....	246,662	152,678	93,984
75 to 79	132,426	70,654	61,772	....	....	....	125,353	63,703	61,650
80 to 84	32,348	13,820	19,128	782	138	644	29,216	10,767	18,449
85 to 89	39,367	10,017	29,350	30,089	6,256	23,833	8,203	2,692	5,511
90 to 94	33,954	5,930	28,024	33,199	5,346	27,853	546	381	167
95 and over	4,742	790	3,952	4,338	558	3,780	334	165	169
65 and over	1,035,223	651,227	383,996	68,408	12,298	56,110	892,389	566,060	326,329

Age Group	Korean Conflict			Vietnam Era			Peacetime Service Connected[2]
	Total	Service Connected	Non-Service Connected	Total	Service Connected	Non-Service Connected	
Median age	55	55	54	39	39	38	47
Total veterans	308,860	222,630	86,230	626,225	603,889	22,336	[2] 352,490
Under 20	....	....	....	....	....	....	85
20 to 24	....	....	....	....	....	....	11,728
25 to 29	....	....	....	4,296	3,885	411	49,180
30 to 34	....	....	....	70,108	66,375	3,733	34,254
35 to 39	....	....	....	251,633	241,817	9,816	13,269
40 to 44	....	....	....	110,655	104,171	6,484	40,771
45 to 49	6,589	2,792	3,797	49,237	47,659	1,578	71,801
50 to 54	123,938	84,309	39,629	54,314	54,117	197	50,390
55 to 59	130,429	92,440	37,989	42,848	42,773	75	32,520
60 to 64	24,282	21,003	3,279	23,521	23,500	21	17,295
Under 65	285,238	200,544	84,694	606,612	584,297	22,315	321,293
65 to 69	13,629	12,687	942	14,560	14,550	10	16,596
70 to 74	6,186	5,758	428	4,230	4,223	7	7,850
75 to 79	2,537	2,416	121	687	686	1	3,849
80 to 84	847	815	32	121	118	3	1,982
85 to 89	312	306	6	15	15	....	748
90 to 94	91	87	4	....	....	....	116
95 and over	20	17	3	....	....	....	50
65 and over	23,622	22,086	1,536	19,613	19,592	21	31,191

[1] *Includes Spanish-American War, Mexican Border Service, and Retired Emergency Officers.*
[2] *Includes Special Acts.*

Reasons for Terminations of Disability and Death Awards, By Period of Service—Fiscal Year 1985

Reasons for Terminations	Grand Total	Total		World War I and Earlier		World War II		Korean Conflict		Vietnam Era		Peacetime Service-Connected
		Service-Connected	Non Service-Connected	Service-Connected	Non Service-Connected	Service-Connected	Non Service-Connected	Service-Connected	Non Service-Connected	Service-Connected	Non Service-Connected	
Disability, total	189,091	71,351	117,740	2,694	28,065	34,947	81,554	4,275	6,921	10,563	1,200	18,872
Death of a veteran	115,322	49,475	65,847	2,660	18,081	34,106	44,810	3,965	2,795	4,167	161	4,577
Disability less than 10 percent	1,613	1,613	....	....	....	43	....	26	....	514	....	1,030
Disability less than permanent and total	328	....	328	....	....	....	91	....	191	....	46	....
Estate in excess of $1,500	67	39	28	....	....	12	17	4	6	6	6	17
Excessive corpus of estate	708	....	708	....	347	....	333	....	24	....	4	....
Failure to cooperate	4,218	883	3,335	1	865	10	2,111	12	278	249	81	611
Income provisions	34,288	....	34,288	....	6,011	....	25,224	....	2,477	....	576	....
Person entitled is incarcerated	134	8	126	....	....	2	91	....	25	4	10	2
Veteran on active duty or in receipt of retirement pay	3,410	3,410	....	....	....	53	....	45	....	1,079	....	2,233
Failure to return questionnaire	8,826	....	8,826	....	1,956	....	6,010	....	684	....	176	....
Miscellaneous[2]	20,177	15,923	4,254	33	804	721	2,868	223	441	4,544	140	10,402
Death, total	171,491	31,554	139,937	2,064	56,895	12,743	56,551	3,266	19,754	9,595	6,737	3,886
Dependency not established or discontinued	35,642	6,751	28,891	3	122	633	15,858	422	10,540	4,754	2,370	939
Payee incarcerated	48	4	44	....	6	1	31	1	....	2	6	....
Death of payee	51,907	13,889	38,018	1,923	28,240	7,967	9,394	1,547	337	1,021	47	1,431
Income provisions	41,349	1,266	40,083	4	14,055	581	18,530	178	4,907	364	2,591	139
Excessive corpus of estate	1,071	326	745	....	539	267	176	58	21	....	10	1
Person entitled (surviving spouse, child, parent) married	5,307	1,903	3,404	21	369	472	1,942	141	706	805	387	464
Failure to return questionnaire	21,288	2,614	18,674	2	8,828	1,520	6,763	441	2,199	451	884	200
Miscellaneous[2]	14,879	4,801	10,078	111	4,735	1,302	3,858	478	1,044	2,198	442	712

[1] *Disability includes 14 nonservice-connected veterans. Death includes 9 service-connected and 889 nonservice-connected veterans.*

[2] *Includes temporary terminations.*

TABLE 57

Veterans Receiving Disability Compensation or Pension Compared With Estimated Veteran Population by Period of Service[1]

Period of Service	Estimated Veteran Population	Total		Compensation		Pension	
		Number	Percent	Number	Percent	Number	Percent
Total	27,839,000	[2] 2,908,833	10.4	2,223,504	8.0	685,241	2.5
World War I and earlier	209,000	[3] 67,449	32.3	12,243	5.9	55,124	26.4
World War II	10,399,000	1,559,980	15.0	1,038,168	10.0	521,812	5.0
Korean conflict	4,174,000	307,741	7.4	221,716	5.3	86,025	2.1
Vietnam era	7,634,000	623,321	8.2	601,041	7.9	22,280	0.3
Peacetime	5,423,000	[4] 350,342	6.5	350,336	6.5	....	.....

[1] Includes only those veterans living in the U.S. and Puerto Rico.

[2] Includes 82 Retired Emergency Officers during World War I and 6 Special Acts during Peacetime.

[3] Includes 3 Spanish-American War and 2 Mexican Border Service service-connected veterans, and 10 Spanish-American War and 73 Mexican Border Service nonservice-connected veterans.

[4] Service-connected only.

NOTE: Numbers may not add to total shown due to rounding.

TABLE 58

Veterans Receiving Disability Compensation, Pension and/or Retirement Compared with Estimated Veteran Population by Geographic Area of Residence

U.S. Geographic Location	Estimated Veteran Population	Veterans Receiving Compensation, Pension and/or Retirement[1]	
		Number	Percent
Total	27,839,000	2,908,827	10.4
East	6,633,000	693,731	10.5
South	6,429,000	831,955	12.9
Midwest	7,017,000	606,306	8.6
Southwest	2,895,000	335,455	11.6
West	4,865,000	441,380	9.1

[1] Includes 82 Retired Emergency Officers.

Composition of geographic locations:

East: CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT

South: AL, AR, FL, GA, KY, LA, MS, NC, PR, SC, TN, VA, WV

Midwest: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI

Southwest: AZ, NM, OK, TX, UT

West: AK, CA, CO, HI, ID, MT, NV, OR, WA, WY

TABLE 59

Death Benefit Cases (Compensation, Dependency & Indemnity Compensation or Pension) Compared to the Number of Deceased War Veterans Who Participated In Each Period of Service

Period of Service	Deceased War Participants	Total		Compensation and/or DIC		Pension	
		Cases	Percent	Cases	Percent	Cases	Percent
Total	14,913,000	1,022,837	6.9	283,673	1.9	739,160	5.0
World War I	4,534,000	312,843	6.9	22,298	0.5	290,545	6.4
World War II	6,119,000	522,412	8.5	153,814	2.5	368,598	6.0
Korean conflict	1,158,000	90,365	7.8	37,812	3.3	52,553	4.5
Vietnam era	391,000	90,236	23.1	69,669	17.8	20,567	5.3
Spanish-American War	392,000	[1] 6,548	1.7	77	([2])	6,468	1.7
Mexican Border Service	([3])	322	.....	1	.....	321	.....
Indian Wars	106,000	20	([2])	....	.....	20	([2])
Civil War	2,213,000	[1] 91	([2])	2	([2])	88	([2])

[1] Includes 4 Special Acts Cases (Spanish-American War: 3, Civil War: 1).

[2] Less than 0.05 percent.

[3] Data not available.

NOTE: Numbers may not add to total shown due to rounding.

TABLE 60

Disability: Class of Dependent, Period of Service—September 1985

Class of Dependent	Total			World War I and Earlier[1]		World War II		Korean Conflict		Vietnam Era		Peacetime	
	Number	Monthly Value (Sept. 1985 only)	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total veterans	2,240,277	$687,157,341	$307	12,298	$376	1,048,976	$295	222,630	$346	603,889	$315	352,484	$301
Veterans less than 30 percent disabled (no dependency benefit)	1,264,834	103,966,769	82	5,970	114	580,374	81	119,898	83	342,698	83	215,894	82
Veterans 30 percent or more disabled	975,443	583,190,572	598	6,328	623	468,602	560	102,732	653	261,191	619	136,590	646
Without dependents	289,282	152,314,911	527	3,236	590	144,867	481	30,280	569	64,919	548	45,980	608
With dependents	686,161	430,875,661	628	3,092	658	323,735	595	72,452	688	196,272	642	90,610	666
Spouse only	454,240	277,989,889	612	3,045	656	293,599	589	51,188	685	63,507	611	42,901	679
Spouse, child or children	194,134	124,550,708	642	31	760	24,993	627	17,761	663	111,756	643	39,593	637
Spouse, child or children, and parent or parents	1,878	2,105,029	1,121	....	...	272	938	175	1,175	1,113	1,159	318	1,115
Spouse, parent or parents	1,381	1,409,666	1,021	....	...	652	938	335	1,143	216	1,001	178	1,116
Child or children only	30,429	19,809,344	651	15	762	3,250	625	2,299	641	18,159	664	6,706	632
Child or children and parent or parents	474	531,296	1,121	....	...	31	807	32	1,104	324	1,120	87	1,242
Parent or parents only	3,625	4,479,729	1,235	1	408	938	1,151	662	1,313	1,197	1,226	827	1,285
Total dependents on whose account additional compensation was being paid	1,089,513	....	...	3,129	...	360,531	...	101,257	...	455,499	...	169,097	...
Spouses	651,633	....	...	3,076	...	319,516	...	69,459	...	176,592	...	82,990	...
Children	429,553	....	...	52	...	39,055	...	30,481	...	275,467	...	84,498	...
Parents	8,327	....	...	1	...	1,960	...	1,317	...	3,440	...	1,609	...

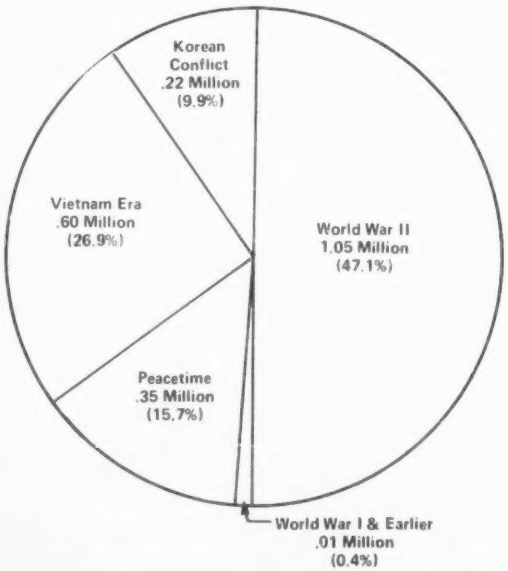
[1] *Includes 3 Spanish-American War and 2 Mexican-Border Service-Connected Veterans*

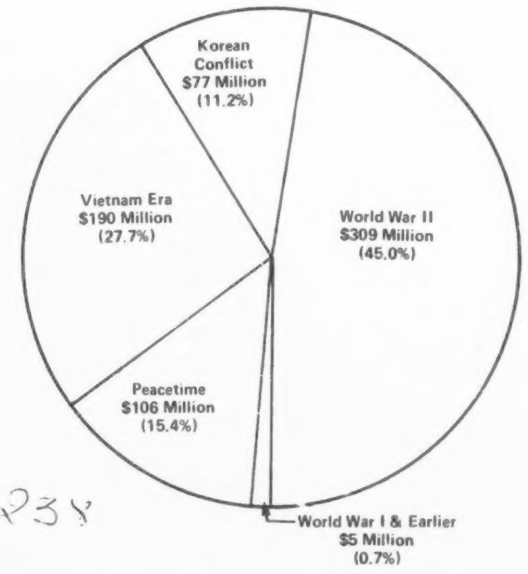
NOTE: Includes special monthly compensation, where applicable.

VETERANS
RECEIVING
COMPENSATION

By Period of Service

September 1985





MONTHLY
VALUE OF
COMPENSATION
PAYMENTS

By Period of Service

September 1985

238

TABLE 61

Death: Class of Beneficiary, Period of Service—As of September 30, 1985

Class of Beneficiary	Total			World War I and Earlier[1]		World War II	
	Number	Monthly Value (Sept. 1985 only)	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	335,612	$164,599,885	$490	22,378	$517	153,814	$461
Compensation	29,652	2,368,410	80	11	92	21,429	80
Dependency and indemnity compensation	304,286	161,226,854	530	22,367	517	131,243	522
Dependency and indemnity compensation and compensation	1,674	1,004,621	600	....	...	1,142	596
Surviving spouse alone	231,545	131,634,604	569	21,540	518	113,522	543
Surviving spouse and children	21,985	14,765,240	672	259	767	2,901	687
Surviving spouse, children and mother	1,076	847,993	788	....	...	31	922
Surviving spouse, children and father	107	79,896	747	....	...	8	820
Surviving spouse, children, mother and father	259	207,714	802	....	...	3	1,116
Surviving spouse and mother	5,341	3,718,100	696	....	...	2,117	696
Surviving spouse and father	538	366,589	681	....	...	210	699
Surviving spouse, mother and father	465	323,063	695	....	...	76	766
Children alone	12,879	3,855,706	299	545	387	1,516	357
Children and mother	766	317,802	415	34	320	26	512
Children and father	71	27,660	390	....	...	....	...
Children, mother and father	166	68,696	414	....	...	2	918
Mother alone	50,538	6,915,457	137	....	...	29,177	147
Father alone	4,945	731,411	148	....	...	2,842	176
Mother and father	4,931	739,954	150	....	...	1,383	185
Total survivors	388,855	....	...	22,682	...	161,581	...
Surviving spouses	261,299	....	...	21,799	...	118,859	...
Children	52,532	....	...	849	...	5,383	...
Mothers	63,542	....	...	34	...	32,815	...
Fathers	11,482	....	...	....	...	4,524	...

Class of Beneficiary	Korean Conflict		Vietnam Era		Peacetime	
	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	37,812	$473	69,669	$516	51,939	$544
Compensation	6,799	78	4	66	1,409	78
Dependency and indemnity compensation	30,593	559	69,657	516	50,426	557
Dependency and indemnity compensation and compensation	420	602	8	673	104	629
Surviving spouse alone	24,800	608	35,899	615	35,784	605
Surviving spouse and children	1,371	666	11,700	665	5,754	674
Surviving spouse, children and mother	19	763	715	778	311	799
Surviving spouse, children and father	4	702	73	739	22	753
Surviving spouse, children, mother and father	2	668	183	787	71	832
Surviving spouse and mother	683	678	1,638	699	903	705
Surviving spouse and father	60	664	190	662	78	694
Surviving spouse, mother and father	34	667	254	682	101	683
Children alone	552	322	7,651	277	2,615	308
Children and mother	15	479	587	401	138	447
Children and father	3	428	55	386	13	395
Children, mother and father	1	463	133	401	30	437
Mother alone	8,535	112	7,873	134	4,919	124
Father alone	822	107	798	111	483	112
Mother and father	911	114	1,920	146	717	138
Total survivors	41,494	...	97,329	...	65,769	...
Surviving spouses	26,968	...	50,651	...	43,022	..
Children	2,489	...	29,769	...	14,042	...
Mothers	10,200	...	13,303	...	7,190	...
Fathers	1,837	...	3,606	...	1,515	...

---

[1] *Includes Spanish-American War, Mexican Border Service, and Civil War.*

TABLE 62

Disability, Degree of Impairment, Type of Major Disability, Period of Service—Sept. 1985

BEST COPY

Degree of Impairment	Total				Psychiatric and Neurological Diseases				General Medical and Surgical Conditions[1]			
	Number	Percent of Total[2]	Monthly Value (Sept. 1985 Only)	Average Monthly Value	Number	Percent of Total Psychiatric and Neurological Diseases[2]	Percent of degree of impairment	Average Monthly Value	Number	Percent of Total General Medical and Surgical Conditions[2]	Percent of degree of impairment	Average Monthly Value
Total All Periods												
Total	2,240,277	100.0	$687,157,340	$307	451,607	100.0	20.2	$548	1,788,670	100.0	79.8	$246
Zero percent (statutory award)	24,538	1.1	1,660,440	68	....	.....	.....	......	24,538	1.4	100.0	68
10 percent	883,230	39.4	58,623,213	66	127,878	29.3	14.5	66	755,352	42.2	85.5	66
20 percent	355,393	15.9	43,568,546	123	24,268	5.4	6.8	123	331,125	18.5	93.2	123
30 percent	312,584	14.0	64,307,072	206	75,281	16.7	24.1	204	237,303	13.3	75.9	206
40 percent	184,518	8.2	55,315,471	300	26,412	5.8	14.3	297	158,106	8.8	85.7	300
50 percent	111,503	5.0	47,205,071	423	41,966	9.3	37.6	417	69,537	3.9	62.4	427
60 percent	115,908	5.2	89,618,263	773	19,050	4.2	16.4	672	96,858	5.4	83.6	793
70 percent	65,847	2.9	60,010,076	911	25,698	5.7	39.0	862	40,149	2.2	61.0	943
80 percent	36,998	1.7	39,018,779	1,055	9,959	2.2	26.9	1,078	27,039	1.5	73.1	1,046
90 percent	14,035	0.6	16,479,907	1,174	3,855	0.9	27.5	1,199	10,180	0.6	72.5	1,165
100 percent	135,723	6.1	211,350,502	1,557	97,240	21.5	71.6	1,489	38,483	2.2	28.4	1,729
World War I and Earlier Periods[3]												
Total	12,298	100.0	4,621,795	376	2,240	100.0	18.2	599	10,058	100.0	81.8	326
Zero percent (statutory award)	168	1.4	10,911	65	....	.....	.....	......	168	1.7	100.0	65
10 percent	2,616	21.3	203,679	78	198	8.8	7.6	80	2,418	24.0	92.4	78
20 percent	3,172	25.8	463,746	146	396	17.7	12.5	155	2,776	27.6	87.5	145
30 percent	1,773	14.4	367,462	207	291	13.0	16.4	213	1,482	14.7	83.6	206
40 percent	1,046	8.5	314,554	301	175	7.8	16.7	308	871	8.7	83.3	299
50 percent	805	6.5	337,920	420	302	13.5	37.5	422	503	5.0	62.5	419
60 percent	888	7.2	699,610	788	119	5.3	13.4	598	769	7.6	86.6	817
70 percent	413	3.4	367,532	890	126	5.6	30.5	798	287	2.9	69.5	930
80 percent	293	2.4	286,635	978	61	2.7	20.8	913	232	2.3	79.2	995
90 percent	70	0.6	77,545	1,108	9	0.4	12.9	1,192	61	0.6	87.1	1,095
100 percent	1,054	8.6	1,492,201	1,416	563	25.1	53.4	1,390	491	4.9	46.6	1,446
World War II												
Total	1,048,976	100.0	309,416,637	295	238,052	100.0	22.7	468	810,924	100;0	77.3	244
Zero percent (statutory award)	13,718	1.3	915,976	67	....	.....	.....	......	13,718	1.7	100.0	67
10 percent	411,475	39.2	27,252,886	66	78,739	33.1	19.1	66	332,736	41.0	80.9	66
20 percent	154,564	14.7	18,904,372	122	12,311	5.2	8.0	122	142,253	17.5	92.0	122
30 percent	155,468	14.8	31,159,763	200	43,388	18.2	27.9	200	112,080	13.8	72.1	201
40 percent	88,751	8.5	25,904,866	292	14,216	6.0	16.0	289	74,535	9.2	84.0	292
50 percent	56,494	5.4	23,474,679	416	21,186	8.9	37.5	411	35,508	4.4	62.5	418
60 percent	59,124	5.6	46,516,083	787	9,777	4.1	16.5	658	49,347	6.1	83.5	812
70 percent	30,541	2.9	28,289,819	926	11,385	4.8	37.3	916	19,156	2.4	62.7	932
80 percent	18,712	1.8	19,314,282	1,032	4,810	2.0	25.7	1,074	13,902	1,7	74.3	1,018
90 percent	6,404	0.6	7,370,255	1,151	1,506	0.6	23.5	1,163	4,898	0.6	76.5	1,147
100 percent	53,725	5.1	80,313,656	1,495	40,734	17.1	75.8	1,457	12,991	1.6	24.2	1,615

BLANK PAGE

BLANK PAGE

BLANK PAGE

Korean Conflict													
Total	222,630	100.0	76,953,607	346	40,214	100.0	18.1	720	182,416	100.0	81.9	263
Zero percent (statutory award)	6,741	3.0	450,632	67	....	.....	.....	....	6,741	3.7	100.0	67
10 percent	78,327	35.2	5,204,424	66	8,477	21.1	10.8	66	69,850	38.3	89.2	66
20 percent	34,366	15.4	4,209,267	122	1,793	4.5	5.2	122	32,573	17.9	94.8	122
30 percent	30,061	13.5	6,125,946	204	5,543	13.8	18.4	204	24,518	13.4	81.6	204
40 percent	18,855	8.5	5,633,050	299	2,188	5.4	11.6	298	16,667	9.1	88.4	299
50 percent	10,862	4.9	4,603,485	424	3,350	8.3	30.8	419	7,512	4.1	69.2	426
60 percent	13,255	6.0	10,590,952	799	2,114	5.3	15.9	696	11,141	6.1	84.1	819
70 percent	7,647	3.4	7,297,455	954	2,601	6.5	34.0	907	5,046	2.8	66.0	979
80 percent	4,254	1.9	4,608,044	1,083	1,109	2.8	26.1	1,110	3,145	1.7	73.9	1,074
90 percent	1,591	0.7	1,851,421	1,164	450	1.1	28.3	1,178	1,141	0.6	71.7	1,158
100 percent	16,671	7.5	26,378,931	1,582	12,589	31.3	75.5	1,539	4,082	2.2	24.5	1,715
Vietnam Era													
Total	603,889	100.0	190,235,980	316	107,181	100.0	17.7	610	496,708	100.0	82.3	251
Zero percent (statutory award)	895	0.1	58,359	65	....	.....	.....	....	895	0.2	100.0	65
10 percent	237,570	39.3	15,771,717	66	25,070	23.4	10.6	66	212,500	42.8	89.4	66
20 percent	103,996	17.2	12,729,238	122	6,210	5.8	6.0	122	97,786	19.7	94.0	122
30 percent	79,351	13.1	17,038,710	215	15,995	14.9	20.2	215	63,356	12.8	79.8	215
40 percent	51,803	8.6	16,097,661	311	6,557	6.1	12.7	311	45,246	9.1	87.3	311
50 percent	29,890	4.9	13,083,761	438	10,810	10.1	36.2	432	19,080	3.8	63.8	441
60 percent	27,887	4.6	20,060,792	719	4,910	4.6	17.6	676	22,977	4.6	82.4	729
70 percent	19,483	3.2	17,245,547	885	7,856	7.3	40.3	805	11,627	2.3	59.7	939
80 percent	10,096	1.7	10,881,385	1,078	2,848	2.7	28.2	1,080	7,248	1.5	71.8	1,077
90 percent	4,635	0.8	5,603,588	1,209	1,431	1.3	30.9	1,244	3,204	0.6	69.1	1,193
100 percent	38,283	6.3	61,665,222	1,611	25,494	23.8	66.6	1,504	12,789	2.6	33.4	1,825
Peacetime[4]													
Total[5]	352,484	100.0	105,929,321	301	65,920	100.0	18.1	631	288,564	100.0	81 9	227
Zero percent (statutory award)	3,016	0.9	224,562	74	....	.....	.....	....	3,016	1.0	100.0	74
10 percent	153,242	43.5	10,190,507	66	15,394	24.1	10.0	66	137,848	47.8	90.0	67
20 percent	59,295	16.8	7,261,923	122	3,558	5.6	6.0	122	55,737	19.3	94.0	122
30 percent	45,931	13.0	9,615,191	209	10,064	15.7	21.9	205	35,867	12.4	78.1	211
40 percent	24,063	6.8	7,365,340	306	3,276	5.1	13.6	300	20,787	7.2	86.4	307
50 percent	13,452	3.8	5,705,226	424	6,318	9.9	47.0	413	7,134	2.5	53.0	434
60 percent	14,754	4.2	11,750,826	796	2,130	3.3	14.4	710	12,624	4.4	85.6	811
70 percent	7,763	2.2	6,809,723	877	3,730	5.8	48.0	787	4,033	1.4	52.0	960
80 percent	3,543	1.0	3,928,433	1,078	1,131	1.8	31.0	1,072	2,512	0.9	69.0	1,081
90 percent	1,335	0.4	1,577,098	1,181	459	0.7	34.4	1,196	876	0.3	65.6	1,174
100 percent	25,990	7.4	41,500,492	1,597	17,860	27.9	68.7	1,511	8,130	2.8	31.3	1,784

---

[1] *Includes tuberculosis (lung and pleura).*

[2] *Percent totals may not add to 100.0 percent due to rounding.*

[3] *Includes 3 Spanish-American War veterans and 2 Mexican Border service-connected veterans.*

Excludes 82 Retired Emergency Officers.

[4] *Excludes 6 Special Acts.*

NOTE: Includes special monthly compensation, allowance to dependents, and other special awards, where applicable.

241

TABLE 63

Disability: Type of Major Disability and Pension by Period of Service—September 1985

Type of Disability and Pension	Total				World War I and Earlier[1]		
	Number	Percent of Total	Monthly Value	Average Monthly Value	Number	Percent of Total	Average Monthly Value
Total cases	690,391	100.0	$198,770,702	$288	56,110	100.0	$336
Type of disability							
Psychiatric and neurological diseases	163,293	23.7	56,599,136	347	6,573	11.7	504
Psychoses	44,887	6.5	14,752,995	329	530	0.9	529
Other psychiatric and neurological diseases	118,406	17.2	41,846,141	353	6,043	10.8	501
General medical and surgical conditions[2]	410,048	59.4	118,032,739	288	41,446	73.9	302
Considered permanently and totally disabled at age 65	117,050	17.0	24,138,827	206	8,091	14.4	376
Type of pension							
Old Law	9,589	1.4	790,418	82	6,989	12.5	81
Sec 306	266,005	38.5	36,895,263	139	22,200	39.6	159
PL 95-588	414,797	60.1	161,085,021	388	26,921	48.0	549

Type of Disability and Pension	World War II			Korean Conflict			Vietnam Era		
	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value
Total cases	525,715	100.0	$264	86,230	100.0	$366	22,336	100.0	$431
Type of disability									
Psychiatric and neurological diseases	111,987	21.3	328	31,499	36.5	355	13,234	59.2	410
Psychoses	25,082	4.8	314	11,643	13.5	316	7,632	34.2	382
Other psychiatric and neurological diseases	86,905	16.5	331	19,856	23.0	378	5,602	25.1	448
General medical and surgical conditions[2]	305,451	58.1	265	54,084	62.7	375	9,067	40.6	463
Considered permanently and totally disabled at age 65	108,277	20.6	193	647	0.8	227	35	.....	255
Type of pension									
Old Law	2,277	0.4	87	323	0.4	85	....	.....	...
Sec 306	214,805	40.9	135	24,956	28.9	145	4,044	18.1	166
PL 95-588	308,633	58.7	354	60,951	70.7	459	18,292	81.9	490

[1] *Includes Spanish-American War and Mexican Border Service.*

[2] *Includes tuberculosis (lungs and pleura).*

NOTE: Percent totals may not add to 100.0 percent due to rounding.

PENSION

TABLE 64

Death: Class of Beneficiary, Period of Service—September 1985

Class of Beneficiary	Total			World War I and Earlier[1]	
	Number	Monthly Value	Average Monthly Value	Number	Average Monthly Value
Total cases	739,160	$109,723,136	$148	297,442	$139
Surviving spouse alone	634,094	98,226,237	155	283,870	140
Surviving spouse and children	37,615	6,883,117	183	4,265	194
Children alone	67,451	4,613,782	68	9,307	66
Total dependents	807,496	....	...	302,544	...
Surviving spouses	671,709	....	...	288,135	...
Children	135,787	....	...	14,409	...

Class of Beneficiary	World War II		Korean Conflict		Vietnam Era	
	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	368,598	$153	52,553	$176	20,567	$132
Surviving spouse alone	317,393	160	29,210	232	3,621	250
Surviving spouse and children	20,611	182	7,181	190	5,558	169
Children alone	30,594	66	16,162	69	11,388	76
Total dependents	399,587	...	67,837	...	37,528	...
Surviving spouses	338,004	...	36,391	...	9,179	...
Children	61,583	...	31,446	...	28,349	...

[1] *Includes Spanish-American War, Mexican Border Service, Indian Wars, and Civil War.*

Persons in Training by Program and Period of Service During Last Five Fiscal Years

Program	Fiscal Year				
	1985	1984	1983	1982	1981
POST-KOREAN CONFLICT EDUCATIONAL ASSISTANCE (Title 38, U.S.C., ch. 34)					
In training during year – Total	402,281	528,468	644,390	777,686	948,526
Institutions of higher learning	326,012	421,280	517,485	620,341	736,018
Resident schools other than college	53,634	78,013	88,068	97,739	122,448
Correspondence schools	7,438	9,676	13,393	21,115	34,849
On-job training	15,197	19,499	25,444	38,491	55,211
EDUCATIONAL ASSISTANCE FOR CHILDREN OF TOTALLY DISABLED OR DECEASED VETERANS (title 38, U.S.C., ch. 35)					
In training during year – Total	55,328	63,553	70,923	80,347	82,646
Institutions of higher learning	49,976	57,122	63,650	72,134	74,619
Schools other than college	5,158	6,192	6,979	7,814	7,541
Special restorative training	33	51	49	46	70
On-job training	161	188	245	353	416
Period of service of beneficiary's children					
World War I	310	440	626	819	959
World War II	11,287	14,185	16,929	20,378	22,462
Korean conflict	8,479	9,914	11,070	12,500	12,332
Vietnam era	27,814	30,731	33,509	37,159	37,552
Other	7,438	8,283	8,789	9,491	9,341
EDUCATIONAL ASSISTANCE FOR SPOUSES OF TOTALLY DISABLED OR DECEASED VETERANS (title 38, U.S.C., ch 35)					
In training during year – Total	6,630	7,641	8,779	10,641	11,940
Institutions of higher learning	5,660	6,493	7,468	9,021	10,078
Schools other than college	959	1,134	1,297	1,608	1,837
On-job training	11	14	14	12	25
Period of service of beneficiary's spouse					
World War I	16	23	29	54	90
World War II	707	930	1,131	1,507	1,690
Korean conflict	488	587	755	937	1,029
Vietnam era	3,997	4,697	5,512	6,796	7,943
Other	1,422	1,404	1,352	1,347	1,188
VOCATIONAL REHABILITATION PROGRAM FOR DISABLED VETERANS (title 38, U.S.C., ch. 31)					
In training during year – Total	26,901	29,024	30,574	30,919	29,818
Institutions of higher learning	13,320	19,915	21,872	22,095	21,730
Schools other than college	3,393	5,241	7,549	7,489	6,717
On-job training	262	460	798	913	998
Institutional on-farm	89	122	60	93	106
Other	9,837	3,286	295	329	267
Period of service of veterans					
World War II	283	(2)	137	239	295
Korean conflict	439	(2)	240	295	356
Post-Korean and between wars	669	(2)	1,461	1,598	1,810
Vietnam era	8,835	(2)	28,736	28,787	27,357
Post-Vietnam era	10,198	(2)	(3)	(3)	(3)
Other	6,477	(2)	(3)	(3)	(3)

---

[1] *Estimated numbers due to change in Chapter 31 reports during fiscal year 1984 which are still being revised.*

[2] *Data not available due to change in Chapter 31 reports.*

[3] *New categories beginning with fiscal year 1985.*

HOUSING ASSISTANCE

TABLE 66

Guaranteed or Insured Loans, Direct Loans, and Property Management

Item	Cumulative Through Sept. 30, 1985	Fiscal Year 1955	Fiscal Year 1984
Guaranteed or Insured Loans			
Number of loans, total	11,632,984	178,931	251,588
Home	11,535,046	170,015	238,478
Manufactured home	97,938	8,916	13,110
Amount of loans ($000), total	$243,209,923	$11,451,748	$15,611,818
Home	$241,495,949	$11,262,756	$15,332,916
Manufactured home	$1,713,974	$188,992	$278,902
Amount of guaranty and insurance ($000), total	$112,851,563	$4,363,150	$6,033,552
Home	$112,034,679	$4,269,279	$5,895,058
Manufactured home	$816,884	$93,871	$138,494
Defaults and claims total:			
Defaults reported	3,780,193	170,385	158,387
Loans in default, end of period	....	115,282	102,022
Defaults disposed of, total	3,664,910	157,125	153,161
Cured or withdrawn	3,151,506	127,635	130,852
Percent	86.0	81.2	85.4
Claims vouchered for payment	518,324	29,490	27,288
Rate per 1,000 loans outstanding	....	7.0	6.54
Average number of loans outstanding	....	4,213,011	4,217,149
Direct Loans			
Number of loans fully disbursed	333,199	5	8
Amount of loans fully disbursed ($000)	$3,437,742	$151	$245
Property Management			
Number acquired	547,344	25,462	24,343
Number sold	522,406	28,500	22,235
Number redeemed	6,246	165	175
Number on hand, end of period	....	18,692	21,895

NOTE: Cumulative data include prior years' adjustments.

INSURANCE

TABLE 67

VA Administered Insurance Programs—Assets and Liabilities—Fiscal Year 1985

(In thousands)

Item	United States Government Life Insurance Fund	National Service Life Insurance Fund	Veterans Special Life Insurance Fund	Veterans Reopened Insurance Fund	Service-Disabled Veterans Insurance Fund
ASSETS					
U.S. Treasury securities	$268,954	$9,431,024	$941,874	$514,453	....
Policy loans	28,579	1,064,775	79,643	37,733	$37,959
Liens and receivables	26	637	80	53	669
Cash	19	3,714	41	43	9,251
Accrued interest	5,610	254,885	23,727	14,005	1,286
Due from U.S. Government	....	....	....	....	....
Total	$303,188	$10,755,035	$1,045,365	$566,287	$49,165
LIABILITIES					
Policy reserves	$203,194	$7,757,426	$750,619	$461,220	$238,148
Reserve for payments under optional income settlements	50,499	594,042	6,354	2,353	4,873
Disability premium waiver reserves	173	535,759	70,258	15,085	....
Disability income reserves	3,008	373,801	50,166	17,007	....
Reserve for pending and unreported claims	5,311	80,925	4,395	4,434	5,020
Reserve for dividends	14,784	767,343	69,126	35,142	....
Reserve for undelivered checks and payments due	352	5,973	168	54	19
Reserve for dividends left on credit or deposit	19,859	487,701	44,937	13,092	....
Reserve for unearned premiums	....	87,114	19,275	2,880	1,256
Unassigned funds (surplus)	6,008	64,951	30,067	25,020	[1] (–)200,153
Total	$303,188	$10,755,035	$1,045,365	$566,287	$49,165

[1] *Total loss to date is $304,699 of which $104,546 has been met by Government appropriation.*

TABLE 68

Summary of Operations (Accrual Basis)

(In thousands)

Item	U.S. Government Life Insurance		National Service Life Insurance		Veterans Special Life Insurance		Veterans Reopened Insurance		Service-Disabled Veterans Insurance	
	Fiscal Year 1985	Cumulative to Sept. 30, 1985	Fiscal Year 1985	Cumulative to Sept. 30, 1985	Fiscal Year 1985	Cumulative to Sept. 30, 1985	Fiscal Year 1985	Cumulative to Sept. 30, 1985	Fiscal Year 1985	Cumulative to Sept. 30, 1985
INCOME										
Premiums	$124	$2,085,282	$677,334	$23,730,789	$75,672	$1,258,306	$23,662	$595,583	$30,165	$144,197
Policy proceeds left to be paid in installments	607	784,132	10,538	5,454,107	731	42,693	362	15,203	447	27,311
Dividends left on credit or deposit	2,665	91,152	86,567	1,758,014	13,600	74,031	4,667	19,811	....	....
Investment income	22,117	2,268,544	950,149	13,550,513	84,688	685,059	54,877	497,377	2,359	20,068
Extra hazard contributions from the U.S. Government	21	142,459	1,774	4,821,304	....	....	....	....	....	....
Total	$25,534	$5,371,569	$1,726,362	$49,314,727	$174,691	$2,060,089	$83,568	$1.127,974	$32,971	$491,576
DISPOSITION OF INCOME										
Death benefits	$24,500	$1,609,232	$419,077	$11,838,920	$21,901	$373,903	$19,429	$237,550	$22,055	$353,228
Matured endowments	1,123	501,316	55,998	937,111	1,250	34,083	39,114	95,407	487	4,447
Surrender benefits	1,187	327,662	61,085	1,139,404	10,062	87,384	4,252	33,538	5,779	43,831
Disability benefits	392	388,836	64,548	1,129,810	4,370	39,070	3,310	36,419	9,244	125,851
Payments from policy proceeds left to be paid in installments	8,228	1,083,854	71,258	8,029,014	1,208	41,519	399	14,781	703	25,761
Dividends withdrawn	4,194	95,934	81,658	1,669,252	7,786	42,726	3,586	9,954	....	....
Net deposits for policy reserves	(–)27,799	257,325	151,629	9,271,699	49,735	877,650	(–)24,250	485,736	10,526	243,157
Reserve for dividends left on credit or deposit	(–)226	19,859	45,598	487,701	9,071	44,938	2,194	13,092	....	....
Administrative costs	....	....	....	....	....	....	1,354	24,058	....	....
Total	$11,599	$4,284,018	$950,851	$34,502,911	$105,383	$1,541,273	$49,388	$950,535	$48,794	$796,275
Net gain or loss (–) from operations before dividends and transfers	$13,935	$1,087,551	$775,511	$14,811,816	$69,308	$518,816	$34,180	$177,439	$(–)15,823	$(–)304,699
Dividends to policyholders	14,650	1,081,543	772,616	14,746,865	68,709	433,136	35,919	152,419	....	....
Transfers to U.S. Government	....	....	....	....	....	55,613	....	....	....	....
Gain or loss (–) after dividends and transfers	$(–)715	$6,008	$2,895	$64,951	$599	$30,067	$(–)1,739	$25,020	$(–)15,823	$(–)304,699

TABLE 69

Insurance in Force—Fiscal Year 1985

Item	Participating								Nonparticipating	
	U.S. Government Life Insurance		National Service Life Insurance[1]		Veterans Special Life Insurance[1]		Veterans Reopened Insurance[1]		Service-Disabled Veterans Insurance	
	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)
In force at beginning of year	70,129	$275,231	3,194,587	$20,383,940	383,170	$3,245,054	152,452	$1,021,107	188,964	$1,713,293
Insurance issued during year	....	....	....	....	....	....	....	....	4,732	44,329
Insurance reinstated during year	....	....	12,251	49,690	527	4,435	1,437	5,646	58	547
Insurance terminated during year by:										
Death	5,583	24,400	63,222	$376,589	2,563	$21,176	3,011	$18,243	2,456	$21,710
Maturity as endowment	309	1,430	8,124	47,117	171	1,134	5,580	37,523	82	478
Permanent total disability	....	....	....	....	....	....	....	....	....	....
Lapse, expiry, and net changes	33	39	16,868	220,003	12,033	112,902	396	11,160	2,756	27,182
Cash surrender	344	1,363	13,049	76,268	2,387	20,192	849	5,817	1,875	16,814
Total terminated	6,269	27,232	101,263	719,977	17,154	155,404	9,836	72,743	7,169	66,184
In force at end of year	63,860	$247,999	3,105,575	$19,713,653	366,543	$3,094,085	144,053	$954,010	186,585	$1,691,985
Selected year end items:										
In force on 5-year term plan	365	$2,308	951,027	$7,477,815	84,262	$775,044	....	....	84,948	$818,201
In force on all other plans	63,495	245,691	2,154,548	12,235,838	282,281	2,319,041	144,053	$954,010	101,637	873,784
In force with disability income rider	769	4,626	305,763	2,351,310	55,466	489,705	7,987	59,990	....	....
In force under disability premium waiver	285	$1,834	147,442	$996,639	9,327	$80,349	13,990	$89,248	42,777	$403,052

---

[1] *Excludes paid-up additional insurance purchased by dividends.*

INSURANCE

TABLE 70

Servicemen's and Veterans Group Life Insurance Statement of Operations (Accrual Basis)

Item	Policy Year Ending June 30, 1985	Cumulative From Sept. 29, 1965
INCOME		
Premiums	$133,160,243	$2,353,181,216
Extra hazard payments	....	513,046,301
Interest earned	35,884,266	[1] 234,558,513
Total	$169,044,509	[1] $3,100,786,030
DISPOSITION OF INCOME		
Death claims	$154,159,097	$2,562,477,880
Net cost of extra mortality on conversions	(–)670,052	53,147,944
Expense of administration	7,836,177	76,044,695
Taxes and fees	2,353,117	48,897,229
Term to age 60 reserve (Retired Reserves)	253,894	25,847,297
5-Year Term and conversion cost reserve (VGLI)	1,182,865	34,648,816
Contingency reserve	3,929,411	[1] 299,722,169
Total	$169,044,509	[1] $3,100,786,030

[1] *Includes increase adjustment of 1,641,526 in interest earned in June 30, 1984, cumulative.*

EMPLOYMENT

TABLE 71

Employment: Full, Part-Time and Intermittent by Facility Type

Facility Type	Sept. 30, 1985	Sept. 30, 1984	Percent Change
Total	247,156	239,923	+3.0
Central Office	4,502	4,695	–4.1
Field	242,654	235,228	+3.2
Medical centers (separate)	197,836	190,619	+3.8
Domiciliaries and medical centers	18,777	18,359	+2.3
Regional offices (separate)	11,511	11,811	–2.5
Regional office and medical centers	8,320	7,886	+5.5
Regional office and insurance centers	1,497	1,679	–10.8
Independent outpatient clinics	1,304	1,269	+2.8
Data processing centers	1,740	1,856	–6.3
National cemeteries	987	1,003	–1.6
Supply depots and marketing center	427	429	–0.5
Miscellaneous activities (VCS field offices, national cemetery area offices, records processing center, prosthetic center, prosthetic distribution center, and VCS finance center)	255	317	–19.6

EMPLOYMENT

TABLE 72

Employment: Full, Part-Time and Intermittent by Pay System

Pay System	Sept. 30, 1985	Sept. 30, 1984	Percent Change
Total	247,156	239,923	+3.0
GS/GM	138,018	134,869	+2.3
Title 38 (excludes canteen)	63,485	61,154	+3.8
Wage system	40,361	38,677	+4.3
Canteen	3,542	3,597	–1.5
Non-U.S. citizens–Manila	171	186	–8.1
Senior executive service	136	136	.....
Others[1]	1,443	1,304	+10.7

[1] *Includes stay-in-school, purchase and hire, executive pay, hospital administration residents, and experts/consultants.*

TABLE 73

EMPLOYMENT

Employment: Sex and Veteran Preference - September 30, 1985

Veteran Preference	Total		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
Total	247,156	100.0	114,467	100.0	132,689	100.0
With preference	80,199	32.4	71,424	62.4	8,775	6.6
Without preference	166,957	67.6	43,043	37.6	123,914	93.4

TABLE 74

EMPLOYMENT

Employment: Minority Groups By Grade—Full-Time and Part-Time With Permanent Appointments September 30, 1985

Grade or Supervisory Level	Total Employment[1]	Percent Minority Employment	Black	Hispanic	Asian or Pacific Islander	American Indian or Alaska Native
Total All Pay Plans	212,032	32.8	53,606	9,073	5,830	1,014
GS/GM and Equivalent	172,351	29.6	37,892	6,947	5,439	788
GS-1 through GS-4	35,095	41.1	12,166	1,654	359	253
GS-5 through GS-8	57,041	35.8	17,063	2,289	786	309
GS-9 through GS-12	61,364	21.5	7,935	2,275	2,793	199
GS/GM-13 through GS/GM-15	18,681	15.9	716	724	1,501	27
GS/GM-16 through GS/GM-18	170	10.0	12	5	....	....
Other Pay Systems[2]	471	12.3	37	8	6	7
Wage System	39,210	46.9	15,677	2,118	385	219
Non-supervisory	35,044	47.2	14,061	1,913	367	203
Leader	692	48.3	286	42	3	3
Supervisory	3,474	43.8	1,330	163	15	13

[1] *Excludes Philippine nationals at Manila and non-Hispanic employees in Puerto Rico.*

[2] *Includes Senior Executive Service, Statutory Pay Plans, Veterans Canteen Officers, and Assistant Veterans Canteen Officers.*

TABLE 75

EMPLOYMENT

Employment of Women by Pay Category—Full-Time, Part-Time and Intermittent—September 30, 1985

Pay Category	Total Employment	Women	
		Number	Percent
Total	247,156	132,689	53.7
GS/GM Total	138,018	81,242	58.9
GS-1 through GS-6	87,392	60,240	68.9
GS-7 through GS-12	43,985	19,998	45.5
GS/GM-13 and above	6,641	1,004	15.1
Title 38 (excludes Canteen)	63,485	38,503	60.6
Wage System	40,361	9,493	23.5
Canteen	3,542	2,623	74.1
Non-U.S. Citizens – Manila	171	88	51.5
SES	136	6	4.4
Other[1]	1,443	734	50.9

[1] *Includes stay-in-school, purchase and hire, executive pay, hospital administration residents, and experts/consultants.*

Employment of Handicapped Individuals with Targeted Disabilities by Pay Category - Full-Time, Part-Time and Intermittent
September 30, 1985

Pay Category	Total Employment	Handicapped Individuals With Targeted Disabilities	
		Number	Percent
Total All Pay Categories	247,156	4,073	1.65
Total White Collar	203,425	2,790	1.37
GS-1 through GS-4	41,157	1,172	2.85
GS-5 through GS-8	57,735	687	1.19
GS-9 through GS-11	26,255	445	1.69
GS/GM-12 through GS/GM-13	11,010	194	1.76
GS/GM-14 through GS/GM-15	1,851	21	1.13
GS/GM-16 and SES through GS/GM-18	146	....	......
Other[1]	65,271	271	.42
Wage System	43,731	1,283	2.93
WG-1 through WG-3	22,627	966	4.27
WG-4 through WG-6	5,690	82	1.44
WG-7 through WG-9	3,625	58	1.60
WG-10 through WG-12	4,202	39	.93
WG-13 through WG-15	3	....	......
Other[2]	7,584	138	1.82

[1] *Includes Title 38, executive pay, hospital administration residents, experts/consultants, and foreign nationals.*

[2] *Includes leaders and supervisory personnel as well as purchase and hires*

Appropriations, Expenditures and Balances—Cash Basis

Account Categories	Appropriations	Expenditures		Nonexpenditure Transfers	Restored (+) or Covered into (−) U.S. Treasury	Investments	Cash Balance
		Fiscal Year 1985	Cumulative through September 30, 1985				
General and Special Funds:							
Compensation and pension	$231,629,841,000	$14,217,481,197	$230,480,222,560	$(+)16,969	....	....	$1,149,635,411
Readjustment benefits	68,315,730,904	1,173,666,871	68,029,125,522	(−)219,957,000	....	....	66,648,383
Veterans insurance and indemnities	401,461,036	10,916,148	450,577,013	(+)49,746,500	....	....	630,523
Medical care, current year	8,941,169,000	7,844,437,087	7,844,437,087	....	$(−)5,244,845	....	1,091,487,069
Medical care, 1954-84	85,909,303,226	877,253,083	84,927,194,565	(−)16,898,000	(−)837,005,375	....	128,205,286
Medical and prosthetic research	2,152,347,131	215,124,198	2,114,240,350	....	(−)3,456,396	....	34,650,384
Assistance for health manpower training institutions, 1973-85[1]	....	....	....	....	....	....	....
	296,693,000	2,170,520	294,676,413	....	(−)336,519	....	1,680,067
Medical administration and miscellaneous operating expenses, current year	67,891,000	52,433,030	52,433,030	....	(−)2,093,259	....	13,364,712
Medical administration and miscellaneous operating expenses, 1954-84	955,395,481	13,137,712	913,374,894	....	(−)40,023,465	....	1,997,122
General operating expenses, current year	753,954,000	680,939,618	680,939,618	....	(−)5,019,281	....	67,995,100
General operating expenses, 1954-84	10,311,251,650	43,108,134	10,138,753,806	....	(−)161,479,853	....	11,017,991
Construction of hospital and domiciliary facilities	1,042,596,863	....	1,032,915,863	(−)9,681,000	....	....	....
Construction, major projects	4,463,571,000	397,966,376	2,705,154,532	(+)7,734,760	....	....	1,766,151,229
Construction, minor projects	1,355,298,000	123,512,397	982,443,447	(+)2,019,442	....	....	374,873,996
Construction, minor projects (Corps of Engineers)	....	....	2,126,796	(+)2,126,796	....	....	....
Grants for construction of state extended care facilities, 1966-87	203,540,000	20,364,354	139,639,409	....	(−)1,819,791	....	62,080,800
Grants to the Rep. of the Philippines, no year	863,000	(−)32,990	858,558	....	....	....	4,442
Grants to the Republic of the Philippines, current year	1,000,000	217,609	217,609	....	(−)772	....	781,619
Grants to the Republic of the Philippines, 1950-84[2]	52,970,537	154,036	39,517,692	....	(−)13,336,101	....	116,744
Grants for the construction of state veterans cemeteries, 1980-86	20,500,000	534,235	4,745,442	....	(−)2,483,619	....	13,270,938
Loan guaranty revolving fund	439,020,742	278,462,160	2,188,377,397	(+)1,994,052,470	....	....	244,695,814
Direct loan revolving fund	1,733,055,599	(−)40,675,001	(−)1,137,634,764	(−)2,810,269,288	....	....	60,421,076
Canteen service revolving fund	4,965,000	(−)11,027,046	(−)42,638,012	....	(−)12,068,086	....	35,534,926
Rental, maintenance and repair of quarters	....	....	(−)97,127	....	(−)97,127	....	....
Service-disabled veterans insurance fund	4,500,000	(−)3,167,974	(−)5,076,031	....	....	....	9,576,033
Soldiers' and sailors' civil relief	3,528,000	....	2,011,031	(−) 16,969	(−)1,500,000	....	....
Veterans reopened insurance fund	....	11,416,868	(−)515,013,866	....	....	$514,453,000	560,866
Special therapeutic and rehabilitation activities fund	....	(−)112,013	(−)1,008,759	....	....	....	1,008,759
Vocational rehabilitation revolving fund	3,447,000	(−)40,558	467,757	....	(−)1,600,000	....	1,379,243
Education loan fund	....	(−)6,325,500	40,787,833	(+)40,957,000	....	....	169,168
Servicemen's group life insurance fund	....	(−)19,750,451	(−)126,536,652	....	....	120,496,999	6,039,652
Supply fund	130,000,000	(−)14,543,184	(−)50,808,482	(−)71,400	(−)15,677,579	....	165,059,504
Reinstated entitlement program for survivors	51,000,000	(−)15,326,109	29,475,658	....	(−)3,872,971	....	17,651,371
Emergency veterans job training	130,000,000	68,838,111	85,915,657	(+)10,500,000	....	....	54,584,343
Total: Appropriations and funds	419,374,893,169	25,921,132,918	411,301,815,846	(−)949,739,720	(−)1,107,115,039	634,949,999	5,381,272,571
Deduct proprietary receipts from the public	....	17,795,952	....	....	....	....	....
Total: Federal funds	419,374,893,169	25,903,336,966	411,301,815,846	(−)949,739,720	(−)1,107,115,039	634,949,999	5,381,272,571
Trust Funds:							
Post Vietnam era veterans education	1,249,177,210	182,458,008	695,653,807	....	....	....	553,523,404
General post fund, national homes	143,177,876	11,400,276	124,729,391	....	(−)386	16,930,000	1,518,100
National service life insurance fund	37,903,749,512	955,965,369	28,456,504,035	....	(−)89	9,431,024,000	16,221,388
U.S. Government life insurance fund	4,067,876,012	45,697,859	3,795,779,896	....	(−)1,811,199	268,954,000	1,330,915
Veterans special life insurance fund	250,000	(−)66,823,335	(−)997,602,045	(−)51,550,000	(−)4,250,000	941,874,000	578,045
Sub-Total: Trust funds	43,364,230,610	1,128,698,177	32,075,065,084	(−)51,150,000	(−)6,061,674	10,658,782,000	573,171,852
Deduct: Proprietary receipts from the public	....	631,987,037	....	....	....	....	....
Total: Trust funds	43,364,230,610	496,711,140	32,075,065,084	(−)51,150,000	(−)6,061,674	10,658,782,000	573,171,852
Deduct: Intragovernmental transactions	....	2,815,311	....	....	....	....	....
Total: Veterans Administration	462,739,123,779	26,397,232,795	443,376,880,930	(−)1,000,889,720	(−)1,113,176,713	11,293,731,999	5,954,444,423
Appropriations and funds not included above:							
Personal funds of patients	....	1,520,034	(−)53,219,983	....	....	....	53,219,983
Funds due incompetent beneficiaries	....	9,369	(−)18,297	....	....	....	18,297
Miscellaneous administrative and construction expenses	10,855,083,789	....	10,476,102,823	....	(−)378,980,966	....	....
Miscellaneous benefit and insurance expenses	25,110,301,012	....	24,621,740,653	....	(−)488,560,359	....	....
Miscellaneous trust funds	4,700,842,392	....	4,658,621,658	....	(−)42,220,735	....	....
Miscellaneous transfer appropriations and working funds	38,634,996	....	31,269,691	....	(−)7,365,305	....	....
Total: Other appropriations and funds	40,704,862,189	1,529,403	39,734,496,545	....	(−)917,127,365	....	53,238,280

---

[1] *Assistance for Health Manpower Training Institutions expired with 1985.*

[2] *Grants to the Republic of the Philippines received no annual appropriation in FY 1984.*

Note: Totals may not add due to rounding.

Comparative Consolidated Balance Sheet[1]

Account Categories	September 30, 1985	September 30, 1984	Increase (Decrease)
ASSETS			
Current assets:			
Cash and disbursing authority[2]	$6,034,093,300.74	$5,536,483,810.55	....
Accounts receivable	952,945,637.64	907,678,307.49	....
Interest receivable	323,977,156.22	302,864,310.28	....
Advance for bidding at public sales	2,363,022.28	1,109,092.84	....
Inventories	158,488,900.75	164,016,138.75	....
Acquired security or collateral property	772,164,775.11	886,968,356.49	....
Accrued reimbursements due from insurance appropriations	....	10,000.00	....
Total current assets	8,244,032,792.72	7,799,130,016.40	$444,902,776.32
Other assets:			
Loans receivable	1,742,847,426.85	1,598,457,454.40	....
Vendee accounts receivable	1,136,838,339.50	1,159,895,815.35	....
Investments	11,276,801,999.30	10,904,393,999.30	....
Policy liens	17,952,982.00	981,261.07	....
Deposits with trustee	111,250,017.16	89,402,009.22	....
Total other assets	14,285,690,774.81	13,753,130,549.34	532,560,225.47
Fixed assets:			
Land, buildings and plants	4,925,324,063.97	4,393,996,769.13	....
Construction and betterments in process	1,547,464,381.19	1,501,563,530.92	....
Leasehold improvements	4,898,397.43	5,059,294.23	....
Equipment	2,252,814,416.40	2,011,020,084.47	....
Total fixed assets	8,730,501,258.99	7,911,639,678.75	818,861,580.24
Deferred charges:			
Construction advance	43,500,437.73	33,873,804.36	....
Advance payments on undelivered supplies and services	112,601,895.78	97,318,768.07	....
Advance to employee for travel expenses	4,562,052.31	4,535,608.93	....
Value of ADP equipment purchases options	877,297.07	1,157,217.13	....
Advance for educational benefits	5,686,186.80	6,432,882.43	....
Total deferred charges	167,227,869.69	143,318,280.92	23,909,588.77
Total assets	31,427,452,696.21	29,607,218,525.41	1,820,234,170.80
LIABILITIES AND CAPITAL			
Current liabilities:			
Accounts payable	1,768,197,631.39	1,595,250,425.25	....
Accrued salaries and wages	217,916,208.31	238,213,381.61	....
Accrued services and benefits	408,550,641.20	356,826,251.25	....
Undelivered orders - personal funds of patients	169,385.97	177,060.83	....
Employees payroll allotments for U.S. Savings Bonds	1,326,400.11	1,193,462.70	....
Federal, state, city, territorial income, and FICA taxes withheld	11,676,497.41	10,982,524.69	....
Canteen Service unredeemed coupons	....	....	....
Other miscellaneous liabilities - Canteen Service	....	....	....
Accrued interest - U.S. Treasury	618,412.91	618,412.91	....
Accrued interest on policy liens due general fund	24,162.96	24,480.30	....
Accrued interest on dividend deposits	24,046,904.47	20,509,830.62	....
Premium paid in advance	107,983,000.00	103,577,600.00	....
Matured contracts payable	49,647,288.34	42,583,208.82	....
Undeposited general fund receipts	404,383.72	1,480,710.01	....
Accrued reimbursement due insurance fund	....	10,000.00	....
Total current liabilities	2,590,560,926.69	2,370,446,348.99	220,114,577.70
Other liabilities:			
Participation certificates outstanding, net	148,162,882.72	173,076,184.76	....
Insurance program operating reserves	12,060,840,092.00	11,791,733,911.00	....
Total other liabilities	12,209,002,974.72	11,964,810,095.76	244,192,878.96
Unfunded liabilities:			
Accrued annual leave	478,469,977.46	796,516,239.26	....
Unredeemed coupons	267,476.41	267,476.41	....
Total unfunded liabilities	478,737,453.87	796,783,715.67	(318,046,261.80)
Total liabilities	15,278,301,355.28	15,132,040,160.42	146,261,194.86
Accountabilities:			
Funds of patients and incompetent beneficiaries	51,550,108.46	53,366,632.32	....
Policyholders insurance dividend deposit	541,541,541.45	488,441,857.89	....
Borrowers deposits for taxes and insurance	42,338,529.01	50,648,325.16	....
Unapplied insurance collections	3,040,024.56	2,205,762.45	....
Bid deposits and other suspense items	5,022,768.33	6,554,613.52	....
Total accountabilities	643,492,944.81	601,217,191.34	42,275,753.47
Capital: Reserves:			
Insurance fund retained earnings (reserve for contingencies)	(–) 74,798,821.27	42,344,275.11	....
Direct loan and loan guaranty programs - reserve for losses	805,525,534.37	643,221,133.22	....
Total reserves	730,726,713.10	685,565,408.33	45,161,304.77
Capital: Direct Loan Prog. - Loans from U.S. Treasury - Interest bearing	1,730,077,996.00	1,730,077,996.00	....
Capital: Residual	13,044,853,687.02	11,458,317,769.32	1,586,535,917.70
Total liabilities and capital	31,427,452,696.21	29,607,218,525.41	1,820,234,170.80

---

[1] *Contingent liabilities with respect to the guaranty or insurance of loans not shown.*

[2] *Cash and disbursing authority for annual appropriations reduced by the unobligated balance returned to the Treasury in accordance with Section 18, Title 7, GAO Policy and Procedures Manual.*

TABLE 79

FISCAL

Supply Fund Comparative Balance Sheet

Amount Categories	September 30, 1985	September 30, 1984	Increase (Decrease)
ASSETS			
Cash	$165,059,504	$150,516,320	....
Advance payments on undelivered orders	1,305,652	547,469	....
Advances to employees	15,565	15,981	....
Accounts receivable	23,535,833	26,643,789	....
Inventories	112,400,114	106,370,408	....
Work in process — service & reclamation division	65,599	118,143	....
Work in process — printing & reproduction	26,845	35,890	....
Supply depot operating equipment, less reserve for depreciation	1,323,684	1,314,641	....
Printing & reproduction equipment, less reserve for depreciation	572,261	897,269	....
Marketing center equipment, less reserve for depreciation	97,444	69,250	....
Total assets	$304,402,501	$286,529,160	$17,873,341
LIABILITIES AND CAPITAL			
Accrued salaries and wages	1,024,523	815,781	....
Accrued transportation and service costs	424,473	404,529	....
Accounts payable	84,165,853	67,132,884	....
Advances from other government agencies	23,927	65,950	....
Advance from VA appropriations	28,760	28,760	....
Total liabilities	$85,667,536	$68,447,904	$17,219,632
Capital at beginning of period	172,998,878	172,998,878	....
Transfer of inventories from GSA	....	....	....
Appropriations realized	....	....	....
Adjusted capital	$172,998,878	$172,998,878	....
Operating profit (or loss) — current fiscal year	653,709	2,369,496	....
Operating profit (or loss) — cumulative prior fiscal years	45,082,378	42,712,882	....
Capital at end of period	218,734,965	218,081,256	653,709
Total liabilities and capital	$304,402,501	$286,529,160	$17,873,341

TABLE 80

FISCAL

VA Supply Fund—Statement of Income and Expense—Fiscal Year 1985

Account Categories	FY 1985	FY 1984
INCOME		
Sales of supplies and equipment	$641,538,793	$600,843,231
Less: Cost of goods sold	627,855,687	588,002,522
Income on sales	13,683,106	12,840,709
Other income:		
Income-station transfers	$8,636,537	5,490,457
Discounts on purchases	5,212,538	4,387,488
Reimbursable earnings	4,365,068	4,096,216
Donated income	1,497,737	2,953,292
Credit allowances	431,640	1,576,434
Variances and adjustments	(203,868)	110,448
Increased valuation	41,921	92,776
Miscellaneous income	7,313	8,063
Total other income	$19,988,887	$18,715,174
Total income	$33,671,993	$31,555,883
EXPENSES		
Maintenance and operation of supply depots	11,953,674	10,706,133
Other operating expenses	14,199,114	12,633,968
Net transportation costs	3,371,893	3,188,982
Completed service and reclamation projects	1,865,745	1,985,126
Depot storage, handling, etc.	85,924	44,546
Donations, reappraisals and write-offs	1,468,376	569,917
Disposal of operating equipment	73,557	57,715
Total expense	$33,018,284	$29,186,387
Operating profit	$653,709	$2,369,496

Gross Expenditures[1]—Fiscal Years 1976—1985

Fiscal Year	Grand Total	Medical and Administrative Expenses					Hospital and Domiciliary Construction Costs	Construction Grants for State Homes	Grants Asst. for Health Manpower Training Instructions[2]
		Total	Medical Care	General Operating Expenses	Medical and Prosthetic Research	Medical Admin. and Miscellaneous Operating Expenses[2]			
1985	$30,118,545,912	$9,992,001,462	$8,936,261,304	$765,035,927	$224,906,490	$65,797,741	$517,343,699	$39,339,662	$1,024,504
1984	28,854,488,243	9,123,370,924	8,171,038,633	696,456,828	190,299,561	65,575,902	469,752,983	13,146,023	3,177,020
1983	28,196,071,610	8,722,448,665	7,813,302,362	691,689,597	161,150,989	56,305,717	432,233,075	9,546,723	16,605,976
1982	26,951,107,208	8,008,923,888	7,155,116,985	660,648,680	138,059,378	55,098,845	439,300,114	11,426,475	30,124,345
1981	25,203,273,183	7,199,253,633	6,378,209,474	627,611,969	142,385,166	51,047,024	399,733,392	9,022,259	46,958,172
1980	23,186,845,618	6,646,752,559	5,857,450,290	605,216,938	137,038,522	47,046,809	286,094,889	14,223,186	41,416,112
1979	22,178,870,841	6,205,941,745	5,408,251,895	625,740,917	125,577,137	46,371,796	240,304,876	14,190,947	38,321,902
1978	20,937,098,838	5,683,811,346	4,948,297,375	575,213,971	117,563,185	42,736,815	245,081,811	5,031,278	30,143,438
1977	20,284,739,028	5,072,993,821	4,402,752,024	522,061,364	108,745,374	39,435,059	224,546,309	3,670,801	33,875,869
T.Q. 9-30-76	4,524,304,469	1,195,770,956	1,033,503,297	123,644,945	27,373,991	11,248,723	49,196,439	2,064,709	3,749,462
1976	20,616,851,563	4,446,765,605	3,831,942,636	479,213,633	101,130,244	34,479,087	185,569,710	11,616,975	26,950,826

Fiscal Year	Compensation and Pension								
	Total	Compensation and Pension	Burial Allowance and Transportation[2]	Clothing Allowances	Mortgage and Group Insurance	Plot/Interment Allowance[2,4]	Invalid Lifts, Devices, and Rehab. Equip. Rentals[2,4]	Headstones, Markers and Burial Flags	Other[5]
1985	$14,234,314,438	$14,038,940,688	$53,240,224	$22,628,328	$4,700,000	$45,200,562	....	$27,594,838	$42,009,798
1984	13,941,571,303	13,749,617,380	53,272,562	23,088,021	3,794,903	45,673,319	....	20,555,483	45,569,635
1983	13,880,930,660	13,699,776,833	49,787,642	21,719,734	4,000,000	41,249,946	1,063,866	24,299,190	39,003,449
1982	13,361,476,987	13,134,688,679	62,224,473	20,292,102	3,229,980	42,111,664	10,115,996	20,335,577	68,478,516
1981	12,492,329,634	12,225,973,619	113,579,173	16,417,970	3,815,667	60,408,283	10,427,759	18,850,432	40,856,731
1980	11,256,935,680	11,046,637,368	101,078,125	15,070,089	3,200,000	53,954,538	7,886,835	16,830,344	12,278,381
1979	10,540,134,325	10,324,258,064	94,218,175	13,763,407	4,260,424	50,436,396	12,306,114	15,243,853	25,647,892
1978	9,630,679,653	9,455,752,982	85,881,083	12,709,134	2,600,000	51,369,656	7,497,994	13,469,609	1,399,195
1977	9,038,803,014	8,874,719,650	80,034,069	11,471,325	2,844,000	47,647,466	6,630,520	14,050,489	1,405,495
T.Q. 9-30-76	2,087,912,845	2,040,460,373	19,849,033	9,524,355	1,283,940	11,888,226	1,557,711	3,348,447	4,760
1976	8,241,267,119	8,074,488,426	130,505,883	9,802,119	3,740,397	....	6,361,164	13,079,492	3,289,638

Fiscal Year	Educational Assistance and Readjustment Benefits							
	Total	Post-Korean Veterans (Ch. 34) Educational Assistance	Dependents (Chapter 35) Educational Assistance	Vocational Rehabilitation (Ch. 31, Books, Supplies, etc.)	Subsistence Allowance (Voc. Rehab. Chapter 31)	Auto's and Adaptive Equip. for Disabled Veterans[2]	Grants Special Adaptive Housing[2]	Changes in Receivables
1985	$1,168,718,363	$912,072,562	$144,737,986	$33,757,789	$73,722,199	$14,894,638	$15,814,205	(—)$26,281,066
1984	1,042,812,468	1,147,836,205	153,643,109	42,955,860	67,231,145	12,519,339	13,278,271	(—) 34,651,461
1983	1,677,708,778	1,394,066,592	171,574,141	43,367,514	74,230,705	12,871,828	14,181,652	(—) 32,583,654
1982	2,001,298,853	1,474,285,394	196,625,805	41,590,584	74,693,870	12,465,088	17,459,086	180,491,709
1981	2,332,820,985	1,968,295,623	204,779,070	37,213,213	76,662,855	11,909,278	15,849,848	13,960,530
1980	2,383,912,487	2,066,583,779	194,146,792	31,924,840	56,055,388	12,470,395	19,467,885	2,341,866
1979	2,800,897,985	2,449,924,173	204,061,042	32,333,777	64,071,095	12,457,080	22,607,775	15,212,423
1978	3,336,611,015	3,026,928,408	216,981,694	32,767,736	67,285,440	13,757,956	14,299,168	(—) 35,409,387
1977	3,891,448,932	3,567,244,475	202,161,088	32,679,339	68,016,591	13,306,986	14,254,830	(—) 6,214,377
T.Q. 9-30-76	738,178,540	667,905,838	28,229,888	6,800,966	13,454,828	3,446,095	3,351,014	14,989,911
1976	5,543,354,200	5,028,843,708	185,582,673	27,502,222	58,077,759	19,073,015	14,553,425	209,721,398

Gross Expenditures[1]–Fiscal Years 1976–1985

Fiscal Year	Insurance and Indemnities								
	U.S. Government Life Insurance	National Service Life Insurance	Veterans Special Life Insurance	Service-disabled Veterans Insurance	Veterans Reopened Insurance	Servicemen's Group Life Insurance Fund	Servicemen's Idemnities	Military and Naval Insurance	Soldiers' and Sailors' Civil Relief
1985	$54,139,775	$1,444,789,759	$114,287,801	$35,362,297	$102,580,127	$101,692,688	....	$155,000	....
1984	58,369,297	1,354,666,687	103,357,312	33,139,651	70,767,892	129,953,777	....	188,000	$861
1983	65,151,766	1,326,803,316	39,819,329	32,571,987	56,115,898	123,769,967	....	227,000	....
1982	73,156,297	1,327,449,895	86,142,623	31,293,597	55,558,355	127,622,434	....	279,000	....
1981	81,051,871	1,336,751,521	83,498,342	31,733,638	56,116,017	103,009,270	....	342,096	7,922
1980	87,086,482	1,290,320,168	79,460,717	29,483,042	50,544,569	99,727,203	....	402,000	....
1979	84,395,143	1,109,596,880	77,173,601	26,108,698	29,240,377	105,653,392	3,000	488,000	830
1978	70,401,933	745,611,702	29,913,010	21,547,719	21,977,962	118,539,000	1,000	567,000	3 178
1977	75,022,139	763,278,062	28,307,779	21,393,447	21,367,900	118,089,380	5,574	666,788	5,698
T.Q. 9-30-76	15,284,568	168,012,046	7,869,537	6,077,136	5,366,324	25,927,221	2,786	181,462	....
1976	88,805,893	949,901,346	38,287,346	23,150,102	22,218,746	126,001,104	191	752,714	9,417

Fiscal Year	Miscellaneous Funds and Expenditures							
	Vocational Rehabilitation Revolving Fund	Grants to The Republic of The Philippines	Rental and Maintenance and Repair of Quarters	Supply Fund	General Post Fund	Consolidated Working Fund	Direct Loans to Veterans	Loan Guaranty Revolving Fund
1985	$1,022,794	$505,205	....		$10,604,101	....	$8,065,694	$1,625,819,704
1984	1,215,436	584,705	....	618,361,987	10,589,648	....	8,230,342	1,511,231,927
1983	1,173,484	456,895	....	555,919,460	9,521,811	....	8,381,764	1,186,685,056
1982	1,058,992	24,685	....	553,327,788	7,646,874	....	10,319,620	824,676,386
1981	932,622	1,165,011	....	449,923,820	7,031,302	....	18,698,447	552,883,229
1980	985,779	1,390,088	....	418,130,463	6,186,030	....	49,160,273	444,633,891
1979	986,491	268,790	....	389,165,552	5,600,648	....	57,375,851	453,021,818
1976	1,007,173	1,672,105	....	392,897,095	5,030,407	1,177,107	73,296,267	514,097,639
1977	992,362	2,013,640	387	364,926,821	4,374,619	1,558,753	96,587,591	520,808,342
T.Q. 9-30-76	242,704	543,402	61,709	80,745,157	1,053,625	599,754	19,168,327	116,295,760
1976	833,532	1,869,576	217,101	330,636,825	4,661,975	1,531,704	88,649,371	483,799,919

---

[1] *Data are on an accrued expenditures basis.*

[2] *Headings of these columns were changed in 1983 to reflect correct titles for each program.*

[3] *Reported separately for the first time. Transition Quarter ending 9-30-76.*

[4] *As of October 1, 1982 funding for this program was transferred to Medical Administrative Expenses and is now reported under Medical Care. Data reported reflect money obligated before transfer.*

[5] *Changes in receivables and WWI adjusted service certificates. TQ 9-30-76 WWI adjusted service certificates only.*

NOTE: As of January 1, 1982 the Department of Defense began funding the matching contributions for Post-Vietnam Era Veterans (Chapter 32) Educational Assistance, these data are no longer included on this table.

Estimated Selected Expenditures by State—Fiscal Year 1985

State	Total	Readjustment Benefits						
				Educational Assistance				
		Total		Post-Korean Conflict Veterans (Title 38, U.S.C., Ch. 34)		Dependents Educational Assistance (Title 38, U.S.C., Ch. 35)		
						Number Trained During Year		
		Total Number Who Trained During Year[2]	Amount	Total Number Who Trained During Year	Amount	Sons and Daughters of Deceased and/or Totally Disabled Service-connected Veterans	Widows/Widowers and Spouses of Totally Disabled Service-connected Veterans	Expenditures
World Totals	[1]$27,366,106,573	[2]491,140	$1,192,787,392	402,281	$914,256,796	55,328	6,630	$145,236,518
Philippines	120,860,962	2,626	7,176,020	1,196	5,068,377	1,387	43	2,057,122
Other foreign areas	80,304,262	492	6,711,990	348	6,221,752	136	8	490,237
Puerto Rico	348,843,504	3,921	12,251,385	1,621	5,132,461	1,668	205	4,757,771
Other U.S. areas	5,764,190	426	799,922	394	700,912	24	8	55,673
Total U.S.	26,810,333,654	480,670	1,165,848,075	398,722	897,133,294	52,113	6,366	137,875,714
Alabama	568,472,534	13,995	38,089,076	11,273	28,664,286	1,695	208	4,594,083
Alaska	65,936,276	1,592	2,151,318	1,467	1,881,613	60	9	102,432
Arizona	351,588,253	11,308	17,266,805	9,201	13,164,953	1,269	223	2,315,902
Arkansas	437,414,535	5,746	17,179,340	4,414	12,537,962	956	128	2,755,435
California	2,403,915,307	60,698	129,137,890	53,350	108,381,498	5,066	754	12,705,526
Colorado	350,132,731	11,275	26,289,792	9,526	20,876,891	965	164	2,346,243
Connecticut	256,182,200	3,677	7,809,912	3,113	5,944,015	313	31	953,686
Delaware	72,042,527	1,312	2,934,917	1,018	2,015,946	139	18	293,155
District of Columbia	813,086,948	2,692	1,691,271	2,340	1,051,860	212	17	291,551
Florida	1,533,027,612	26,460	55,601,788	21,745	41,526,864	3,619	594	8,538,354
Georgia	702,871,699	13,529	38,770,025	11,037	28,618,088	1,868	230	5,943,888
Hawaii	80,959,432	4,440	8,790,061	3,975	7,159,116	271	39	808,328
Idaho	96,457,862	2,403	6,947,767	2,024	5,375,470	217	24	565,354
Illinois	1,012,724,049	14,079	33,151,703	12,551	27,652,249	936	83	2,575,389
Indiana	430,379,643	9,301	26,253,178	7,682	20,438,430	839	58	2,201,597
Iowa	285,182,026	3,880	10,586,185	3,181	8,080,025	348	21	1,056,149
Kansas	273,173,988	5,388	13,931,049	4,525	11,147,187	564	50	1,575,614
Kentucky	438,163,419	7,277	21,388,582	5,730	16,172,363	1,022	90	2,968,245
Louisiana	481,124,423	7,759	18,293,072	6,463	14,534,645	934	81	2,180,401
Maine	164,930,739	2,693	7,655,263	2,074	5,041,221	305	33	982,115
Maryland	396,577,472	10,922	18,516,618	9,449	13,532,378	822	91	2,111,483
Massachusetts	815,895,495	8,297	18,852,035	6,380	12,553,612	1,453	85	3,849,101
Michigan	745,406,795	12,409	32,391,102	10,223	25,111,662	1,300	97	3,387,275
Minnesota	506,511,615	7,599	22,366,879	6,682	18,817,098	616	38	1,783,144
Mississippi	413,631,216	4,150	13,485,293	3,068	9,335,372	728	72	2,311,038
Missouri	608,634,384	10,055	26,599,248	8,824	22,274,873	852	104	2,559,240
Montana	93,187,264	1,991	5,689,831	1,669	4,305,076	177	19	602,998
Nebraska	186,115,695	4,199	9,357,850	3,609	7,548,658	394	61	986,645
Nevada	103,260,513	2,911	4,941,979	2,464	3,664,986	179	38	337,965
New Hampshire	115,194,778	2,491	5,998,673	2,027	4,201,801	231	21	667,671
New Jersey	614,683,744	6,055	15,819,111	4,540	10,088,616	737	89	2,420,867
New Mexico	212,268,064	4,935	11,652,846	3,940	8,747,440	573	82	1,431,160
New York	1,905,834,185	16,139	37,704,418	12,597	26,178,636	2,342	237	6,157,010
North Carolina	727,020,976	14,837	47,565,408	11,743	36,770,864	2,140	306	6,748,309
North Dakota	75,960,839	1,678	4,279,659	1,464	3,482,966	130	6	341,709
Ohio	1,019,510,336	15,456	40,013,903	13,058	30,662,011	1,393	128	3,964,993
Oklahoma	462,522,316	10,054	22,237,193	7,891	16,261,293	1,377	182	3,267,834
Oregon	385,147,063	6,762	22,582,803	5,564	16,886,100	501	69	1,445,496
Pennsylvania	1,282,741,982	15,524	36,527,040	12,814	26,747,232	1,618	119	4,484,289
Rhode Island	136,276,504	2,096	4,766,546	1,548	2,981,416	331	28	869,935
South Carolina	349,014,543	9,662	27,095,264	8,228	22,098,239	1,019	144	2,920,495
South Dakota	137,941,772	1,929	5,104,917	1,520	3,463,028	171	18	529,162
Tennessee	681,807,278	10,262	30,535,495	8,304	23,638,082	1,197	137	3,448,892
Texas	1,712,903,571	42,218	86,774,020	34,474	66,312,240	5,021	744	11,149,891
Utah	145,029,152	3,600	10,378,351	2,826	7,847,086	444	38	1,055,815
Vermont	78,736,644	644	2,075,940	427	1,004,541	109	6	312,153
Virginia	711,382,876	17,238	41,619,587	14,240	31,866,768	1,973	257	5,633,430
Washington	509,258,792	15,413	43,633,470	13,185	36,009,401	1,370	195	3,780,649
West Virginia	306,449,949	3,159	10,150,097	2,392	7,296,094	461	34	1,342,824
Wisconsin	496,931,001	7,234	20,059,058	5,791	14,682,115	742	51	1,982,115
Wyoming	66,730,637	1,247	3,154,447	1,092	2,498,928	114	15	238,679

[1] *Excludes the following which are not distributable by State: adjusted service and dependents pay; statutory burial awards and burial flags; special allowances under ch. 23, title 38 U.S.C., invalid lifts, devices, equipment, etc.; death gratuities; adjusted service certificates World War I; tort claim settlements; mortgage life insurance; funds transferred to Veterans' Administration by National Cancer Institute; vocational rehabilitation revolving fund; loan guaranty revolving fund; rental, maintenance and repair of quarters; supply revolving fund; general post fund; and personal funds of patients.*

TABLE 82—Continued

Estimated Selected Expenditures by State—Fiscal Year 1985

State	Readjustment Benefits—Continued				Direct Loans for Disabled Veterans	Insurance and Indemnities	Hospital and Domiciliary Construction[4]	Medical Services and Administrative Costs
	Vocational Rehabilitation: Subsistence, Equipment and Supplies, Books and Tuition (Title 38, U.S.C., Ch. 31)		Automobiles and Other Conveyances for Disabled Veterans	Specially Adapted Housing for Disabled Veterans[3]				
	Total Number Who Trained During Year[2]	Amount						
World Totals	[5] 26,901	$107,529,145	$14,893,783	$10,871,150	$90,950	$1,561,423,255	$556,683,361	$9,992,001,480
Philippines	....	50,521	....	....	....	1,307,173	....	$3,202,141
Other foreign areas	....	....	....	....	....	3,662,455	....	....
Puerto Rico	427	2,258,763	73,532	28,858	....	2,335,750	762,962	109,949,915
Other U.S. areas	....	43,337	....	....	....	318,218	....	....
Total U.S.	23,469	105,176,524	14,820,251	10,842,292	90,950	1,553,799,659	555,920,399	9,878,849,424
Alabama	819	4,508,722	207,755	114,230	....	20,134,136	20,523,074	178,136,175
Alaska	56	167,095	178	....	....	884,112	2,550	47,836,738
Arizona	615	1,396,627	290,746	98,577	....	24,823,503	3,272,280	145,301,221
Arkansas	248	1,400,095	242,873	242,975	....	14,015,273	2,752,228	152,998,723
California	1,528	5,756,195	1,164,376	1,130,295	....	176,063,552	32,162,513	959,820,861
Colorado	620	2,762,553	29,955	274,150	....	23,895,885	11,822,889	128,835,657
Connecticut	220	743,083	169,128	....	....	23,227,751	1,683,425	100,814,062
Delaware	137	600,224	25,592	....	....	5,192,798	286,128	33,811,798
District of Columbia	123	331,010	16,850	....	....	3,829,562	41,619,510	728,356,254
Florida	502	2,424,485	1,234,441	1,877,644	....	120,591,351	22,600,214	425,816,708
Georgia	394	3,274,070	384,409	549,570	....	39,402,806	4,891,500	197,433,431
Hawaii	155	751,648	35,469	35,500	....	7,257,798	28,496	21,479,596
Idaho	138	918,174	50,269	38,500	....	4,662,953	2,393,400	28,216,741
Illinois	509	2,316,872	328,193	279,000	....	73 252,331	37,838,238	477,969,765
Indiana	722	3,084,650	386,501	142,000	....	24,727,168	1,986,559	137,692,138
Iowa	330	1,320,143	120,008	9,860	35,500	10,971,379	3,675,409	126,238,030
Kansas	249	1,066,910	141,338	....	....	12,532,948	5,979,586	120,161,931
Kentucky	435	1,886,600	281,576	78,798	....	18,650,257	3,034,387	131,237,346
Louisiana	281,	1,303,995	176,531	97,500	....	20,475,972	15,015,173	164,503,442
Maine	281	1,391,882	175,045	65,000	....	8,643,788	1,587,702	46,711,091
Maryland	560	2,321,716	361,541	189,500	....	29,610,760	1,559,078	115,639,027
Massachusetts	379	1,809,717	337,105	302,500	....	45,142,541	6,138,133	292,574,731
Michigan	789	3,201,692	394,999	295,474	....	49,322,263	14,904,832	2[illegible]5,238,936
Minnesota	263	1,413,005	274,852	78,780	....	31,048,025	54,953,864	176,719,569
Mississippi	282	1,567,251	159,132	112,500	....	15,398,155	26,658,967	119,899,494
Missouri	275	1,228,445	294,190	242,500	....	25,977,976	7,991,960	239,961,919
Montana	126	485,450	293,307	3,000	....	9,147,219	51,049	28,251,951
Nebraska	135	774,741	47,806	....	....	8,763,430	6,050,436	80,029,201
Nevada	230	819,742	83,786	35,500	....	8,356,335	780,285	41,983,377
New Hampshire	212	1,040,214	56,487	32,500	....	6,836,718	151,194	29,239,227
New Jersey	689	2,923,945	382,683	3,000	....	63,880,771	19,434,372	163,140,478
New Mexico	340	1,280,579	119,667	74,000	....	9,863,520	24,909,470	69,292,135
New York	963	4,358,004	821,268	189,500	....	128,402,896	23,196,750	773,811,907
North Carolina	648	3,204,642	414,161	427,432	....	29,669,804	5,894,132	195,889,918
North Dakota	78	416,652	38,332	....	....	3,931,113	4,404,375	31,636,044
Ohio	877	3,691,962	1,018,495	676,442	....	67,382,076	10,958,667	342,455,137
Oklahoma	604	2,243,566	250,364	214,136	22,450	21,307,255	5,286,431	110,213,002
Oregon	628,	3,495,222	185,791	570,194	....	13,608,177	33,148,504	144,238,036
Pennsylvania	973	4,695,019	568,000	32,500	....	95,415,135	19,607,677	438,419,598
Rhode Island	189	800,523	73,172	41,500	....	6,619,187	1,880,700	46,114,207
South Carolina	271	1,424,357	357,098	295,075	....	15,712,022	983,564	101,389,637
South Dakota	220	1,043,915	65,812	3,000	....	4,434,544	4,005,130	74,961,176
Tennessee	624	2,742,383	664,638	41,500	....	25,853,673	21,183,416	256,579,140
Texas	1,979	7,637,878	812,008	862,003	33,000	85,790,900	23,201,829	582,690,595
Utah	292	1,401,716	41,234	32,500	....	6,210,537	1,660,094	68,042,698
Vermont	102	681,365	42,381	35,500	....	4,580,601	431,970	31,847,486
Virginia	768	3,363,240	525,818	230,331	....	33,684,823	7,418,597	219,932,168
Washington	663	3,121,194	287,400	434,826	....	33,139,439	6,622,348	165,449,358
West Virginia	272	1,297,666	178,013	35,500	....	10,439,846	4,359,718	118,230,287
Wisconsin	650	2,939,063	207,265	248,500	....	30,002,318	3,903,928	194,355,348
Wyoming	26	346,627	2,213	68,000	....	1,033,277	1,222,568	37,251,838

[2] *Estimated. Not available for Philippines, other foreign areas, and other U.S. areas.*

[3] *Previously titled homes for paraplegics.*

[4] *Includes $39,339,662 in grants for construction of state extended care facilities.*

[5] *Includes 3,005 not identified by location.*

Estimated Selected Expenditures by State—Fiscal Year 1985

State	Compensation and Pension							
	All Periods of Service							
	Living and Deceased Veterans						Living Veterans	
	Total		Service-Connected		Nonservice-Connected		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Totals	4,005,440	$14,063,120,135	2,575,889	$10,223,056,920	1,429,551	$3,789,143,744	2,930,668	10,736,122,979
Philippines	31,554	109,175,628	23,670	75,323,148	7,884	33,852,480	12,153	40,860,252
Other foreign areas	18,523	69,929,818	8,893	45,212,340	9,630	24,717,478	7,559	31,263,405
Puerto Rico	46,745	223,543,492	21,884	139,183,372	24 901	84,360,120	34,597	188,585,877
Other U.S. areas	2,703	4,646,050	2,402	3,606,291	301	1,039,759	2,211	3,158,506
Total U.S.	3,905,915	13,655,825,147	2,519,080	9,959,731,769	1,386,835	3,696,093,378	2,874,148	10,472,254,939
Alabama	87,164	301,590,073	48,595	193,752,949	38,569	107,837,124	58,708	213,554,128
Alaska	5,286	15,061,558	4,759	13,565,695	527	1,495,863	4,786	13,069,698
Arizona	57,209	160,924,444	43,228	132,688,095	13,981	28,236,349	45,601	128,120,118
Arkansas	60,554	250,468,971	31,575	168,158,274	28,979	82,310,697	42,174	194,764,184
California	334,529	1,106,730,491	235,822	881,399,497	98,707	225,330,994	252,983	819,932,918
Colorado	48,046	159,288,508	37,292	130,920,189	10,754	28,368,319	37,599	122,150,975
Connecticut	41,224	122,647,050	30,665	101,077,519	10,559	21,569,531	32,440	98,513,928
Delaware	9,613	29,816,886	6,531	22,628,733	3,082	7,188,153	7,127	22,570,472
District of Columbia	12,848	37,591,351	7,971	26,381,097	4,877	11,210,254	9,226	26,924,149
Florida	242,477	908,417,551	175,052	738,900,627	67,425	169,516,924	188,344	713,980,474
Georgia	111,506	422,573,937	67,542	302,661,387	43,964	119,912,550	77,997	310,280,815
Hawaii	11,977	43,403,481	10,014	38,018,341	1,963	5,385,140	9,753	33,656,794
Idaho	14,903	54,237,001	10,328	42,243,263	4,575	11,993,738	11,620	43,473,073
Illinois	125,375	390,512,012	72,834	247,361,278	52,541	143,150,734	89,041	296,216,229
Indiana	72,691	239,710,600	44,061	166,579,350	28,630	73,131,250	51,832	183,997,595
Iowa	39,326	133,675,523	23,467	88,909,421	15,859	44,766,102	28,032	102,708,593
Kansas	36,261	120,568,474	23,131	85,514,503	13,130	35,053,971	26,120	90,084,059
Kentucky	73,880	263,852,847	39,005	166,859,166	34,875	96,993,681	51,084	200,463,574
Louisiana	76,932	262,836,764	38,877	152,059,781	38,055	110,776,983	50,558	183,491,646
Maine	26,127	100,332,895	15,821	72,880,475	10,306	27,452,420	19,201	80,033,356
Maryland	65,032	231,251,989	44,336	175,358,779	20,696	55,893,210	47,756	169,543,158
Massachusetts	127,788	453,188,055	95,304	366,854,194	32,484	86,333,861	100,829	367,162,507
Michigan	123,882	413,549,662	82,831	310,799,188	41,051	102,750,474	92,534	332,926,532
Minnesota	64,484	221,423,278	42,131	150,785,609	22,353	70,637,669	48,474	171,092,635
Mississippi	59,815	238,189,307	28,280	141,666,057	31,535	96,523,250	40,037	174,880,720
Missouri	85,243	308,103,281	47,641	199,381,201	37,602	108,722,080	59,214	229,522,721
Montana	14,031	50,047,214	9,523	37,579,058	4,508	12,468,156	11,108	41,302,761
Nebraska	23,346	81,914,778	14,910	56,710,790	8,436	25,203,988	17,272	63,198,901
Nevada	16,626	47,198,537	12,608	37,572,411	4,018	9,626,126	13,724	37,968,199
New Hampshire	19,201	72,968,966	14,100	59,393,470	5,101	13,575,496	15,299	60,258,712
New Jersey	111,468	352,409,012	80,373	288,252,850	31,095	64,156,162	85,689	282,417,261
New Mexico	29,833	96,550,090	20,591	73,416,929	9,242	23,133,161	23,149	77,939,341
New York	272,269	942,718,124	177,229	678,467,689	95,040	264,250,435	205,094	748,665,056
North Carolina	117,831	418,001,714	65,636	305,127,132	52,195	142,874,582	80,441	329,189,064
North Dakota	9,043	31,709,648	5,910	21,504,787	3,133	10,204,861	7,031	25,674,939
Ohio	167,772	558,700,553	107,676	399,263,767	60,096	159,436,786	124,424	439,416,511
Oklahoma	73,818	303,455,985	44,777	205,584,057	29,041	97,871,928	54,065	237,712,225
Oregon	46,376	171,569,543	29,528	124,201,675	16,848	47,367,868	35,597	137,316,280
Pennsylvania	206,380	692,772,332	130,476	507,572,360	75,904	185,199,972	148,499	537,023,952
Rhode Island	20,713	76,895,864	14,573	61,657,297	6,140	15,238,567	15,739	61,264,670
South Carolina	60,134	203,834,056	32,440	133,028,634	27,694	70,805,422	39,210	137,416,699
South Dakota	12,951	49,436,005	7,166	30,133,848	5,785	19,302,157	9,511	38,835,571
Tennessee	93,423	347,655,554	47,354	214,269,985	46,069	133,385,569	63,036	254,118,547
Texas	273,171	934,413,227	181,469	709,253,971	91,702	225,159,256	199,561	706,493,900
Utah	16,621	58,736,572	12,560	46,896,376	4,061	11,840,196	13,079	46,718,166
Vermont	9,080	39,800,647	5,756	30,899,099	3,324	8,901,548	6,750	32,384,211
Virginia	104,695	408,727,703	69,234	315,136,994	35,461	93,590,709	75,766	300,781,789
Washington	75,000	260,414,177	56,275	208,722,391	18,725	51,691,786	59,010	203,327,353
West Virginia	42,469	163,270,001	22,709	103,056,507	19,760	60,213,494	30,003	127,425,248
Wisconsin	69,066	248,610,349	44,470	175,978,508	24,596	72,631,841	52,821	202,370,154
Wyoming	6,426	24,068,507	4,644	18,646,516	1,782	5,421,991	5,200	19,940,368

TABLE 82—Continued

Estimated Selected Expenditures by State—Fiscal Year 1985

State	Compensation and Pension—Continued									
	All Periods of Service									
	Living Veterans				Deceased Veterans					
	Service-Connected		Nonservice-Connected		Total		Service-Connected		Nonservice-Connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Totals	2,240,277	$8,248,168,549	690,391	$2,487,954,403	1,074,772	$3,326,997,156	335,612	$1,974,888,371	739,160	$1,352,108,785
Philippines	9,211	23,954,279	2,942	16,905,973	19,401	68,315,376	14,459	51,368,869	4,942	16,946,507
Other foreign areas	5,456	23,542,143	2,103	7,721,262	10,964	38,666,413	3,437	21,670,197	7,527	16,996,216
Puerto Rico	19,151	126,759,295	15,446	61,826,582	12,148	34,957,615	2,693	12,424,077	9,455	22,533,538
Other U.S. areas	2,106	2,545,630	105	612,876	492	1,487,544	296	1,060,661	196	426,883
Total U.S.	2,204,353	8,071,367,202	669,795	2,400,887,737	1,031,767	3,183,570,208	314,727	1,888,364,567	717,040	1,295,205,641
Alabama	40,921	149,131,803	17,787	64,422,325	28,456	88,035,945	7,674	44,621,146	20,782	43,414,799
Alaska	4,498	11,962,572	288	1,107,126	500	1,991,860	261	1,603,123	239	388,737
Arizona	37,712	107,310,554	7,889	20,809,564	11,608	32,804,326	5,516	25,377,541	6,092	7,426,785
Arkansas	26,452	139,426,488	15,722	55,337,696	18,380	55,704,787	5,123	28,731,786	13,257	26,973,001
California	202,365	666,756,692	50,618	153,176,226	81,546	286,797,573	33,457	214,642,805	48,089	72,154,768
Colorado	32,574	104,074,685	5,025	18,076,290	10,447	37,137,533	4,718	26,845,504	5,729	10,292,029
Connecticut	27,995	85,148,764	4,445	13,365,164	8,784	24,133,122	2,670	15,928,755	6,114	8,204,367
Delaware	5,786,	17,983,427	1,341	4,587,045	2,486	7,246,414	745	4,645,306	1,741	2,601,108
District of Columbia	6,729	19,322,313	2,497	7,601,836	3,622	10,667,202	1,242	7,058,784	2,380	3,608,418
Florida	151,993	595,445,189	36,351	118,535,285	54,133	194,437,077	23,059	143,455,438	31,074	50,981,639
Georgia	56,237	233,022,433	21,760	77,258,382	33,509	112,293,122	11,305	69,638,954	22,204	42,654,168
Hawaii	8,725	29,817,232	1,028	3,839,562	2,224	9,746,687	1,289	8,201,109	935	1,545,578
Idaho	9,201	35,171,822	2,419	8,301,251	3,283	10,763,928	1,127	7,071,441	2,156	3,692,487
Illinois	64,993	202,644,293	24,048	93,571,936	36,334	94,295,783	7,841	44,716,985	28,493	49,578,798
Indiana	39,144	138,819,814	12,688	45,177,781	20,859	55,713,005	4,917	27,759,536	15,942	27,953,469
Iowa	20,638	73,816,038	7,394	28,892,555	11,294	30,966,930	2,829	15,093,383	8,465	15,873,547
Kansas	19,978	67,944,832	6,142	22,139,227	10,141	30,484,415	3,153	17,569,671	6,988	12,914,744
Kentucky	33,027	134,302,288	18,057	66,161,286	22,796	63,389,273	5,978	32,556,878	16,818	30,832,395
Louisiana	32,646	116,700,045	17,912	66,791,601	26,374	79,345,118	6,231	35,359,736	20,143	43,985,382
Maine	13,814	60,876,470	5,387	19,156,886	6,926	20,299,539	2,007	12,004,005	4,919	8,295,534
Maryland	38,370	133,263,366	9,386	36,279,792	17,276	61,708,831	5,966	42,095,413	11,310	19,613,418
Massachusetts	86,840	313,529,570	13,989	53,632,937	26,959	86,025,548	8,464	53,324,624	18,495	32,700,924
Michigan	75,406	268,968,785	17,128	63,957,747	31,348	80,623,130	7,425	41,830,403	23,923	38,792,727
Minnesota	38,018	126,623,973	10,456	44,468,662	16,010	50,330,643	4,113	24,161,636	11,897	26,169,007
Mississippi	23,241	110,841,767	16,796	64,038,953	19,778	63,308,587	5,039	30,824,290	14,739	32,484,297
Missouri	41,019	160,036,929	18,195	69,485,792	26,029	78,580,560	6,622	39,344,272	19,407	39,236,288
Montana	8,678	32,577,401	2,430	8,725,360	2,923	8,744,453	845	5,001,657	2,078	3,742,796
Nebraska	13,013	46,353,049	4,259	16,845,852	6,074	18,715,877	1,897	10,357,741	4,177	8,358,136
Nevada	11,346	30,977,917	2,378	6,990,282	2,902	9,230,338	1,262	6,594,494	1,640	2,635,844
New Hampshire	12,785	50,877,194	2,514	9,381,518	3,902	12,710,254	1,315	8,516,276	2,587	4,193,978
New Jersey	73,501	244,282,497	12,188	38,134,764	25,779	69,991,751	6,872	43,970,353	18,907	26,021,398
New Mexico	17,939	61,017,435	5,210	16,921,906	6,684	18,610,749	2,652	12,399,494	4,032	6,211,255
New York	161,650	584,330,132	43,444	164,334,924	67,175	194,053,068	15,579	94,137,557	51,596	99,915,511
North Carolina	55,195	240,146,540	25,246	89,042,524	37,390	118,812,650	10,441	64,980,592	26,949	53,832,058
North Dakota	5,416	18,766,558	1,615	6,908,381	2,012	6,034,709	494	2,738,229	1,518	3,296,480
Ohio	97,126	337,676,065	27,298	101,740,446	43,348	119,284,042	10,550	61,587,702	32,798	57,696,340
Oklahoma	38,205	168,052,018	15,860	69,660,207	19,753	65,743,760	6,572	37,532,039	13,181	28,211,721
Oregon	26,241	103,764,683	9,356	33,551,597	10,779	34,253,263	3,287	20,436,992	7,492	13,816,271
Pennsylvania	116,745	425,922,014	31,754	111,101,938	57,881	155,748,380	13,731	81,650,346	44,150	74,098,034
Rhode Island	13,118	51,896,187	2,621	9,368,483	4,974	15,631,194	1,455	9,761,110	3,519	5,870,084
South Carolina	26,546	96,216,168	12,664	41,200,511	20,924	66,417,357	5,894	36,812,446	15,030	29,604,911
South Dakota	6,367	25,539,819	3,144	13,295,752	3,440	10,600,434	799	4,594,029	2,641	6,006,405
Tennessee	39,740	169,013,637	23,296	85,104,910	30,387	93,537,007	7,614	45,256,348	22,773	48,280,659
Texas	154,394	556,241,395	45,167	150,252,505	73,610	227,919,327	27,075	153,012,576	46,535	74,906,751
Utah	11,231	38,976,788	1,848	7,741,378	3,542	12,018,406	1,329	7,919,588	2,213	4,098,818
Vermont	5,038	26,145,725	1,712	6,218,486	2,330	7,436,436	718	4,753,374	1,612	2,683,062
Virginia	58,288	239,056,875	17,478	61,724,914	28,929	107,945,914	10,946	76,080,119	17,983	31,865,795
Washington	49,458	167,701,051	9,552	35,626,302	15,990	57,086,824	6,817	41,021,340	9,173	16,065,484
West Virginia	19,477	85,034,805	10,526	42,390,443	12,466	35,844,753	3,232	18,021,702	9,234	17,823,051
Wisconsin	40,320	151,803,237	12,501	50,566,927	16,245	46,240,185	4,150	24,175,271	12,095	22,064,914
Wyoming	4,214	16,055,848	986	3,884,520	1,226	4,128,139	430	2,590,668	796	1,537,471

BLANK PAGE

258

Index

Acquired immune deficiency syndrome (AIDS) 10,34,51
ADP Initiatives 152
Advisory Committee on Former Prisoners of War 27,139
Advisory Committee on Women Veterans 27,138
Affiliations, VA medical centers 10
Age:
  Patients 15,68
  Veterans 68
Agent Orange 25,114
Aging veteran 12,32
Alcohol dependence treatment 21
Alzheimer's disease 22,51
Ambulatory care 11
Appeals:
  Contract 125
  Veterans 122
Appropriations, VA xvii
Asbestos abatement 150
Audiology and speech pathology 24
Audiovisuals 50,145
Audits and investigations 119
Biomedical engineering 60
Blind rehabilitation 23
Bone marrow transplants 18
Budget xvii,121
Building management 63
Burial allowance 79
Canteen 42
Cardiac catheterization laboratories 18
Cash management 121
Cemeteries and memorials 109
Chaplains 42
Civilian health and medical programs of the uniformed service (CHAMPUS) 17
Civilian health and medical program of the VA (CHAMPVA) 17,56
Clinical alcoholism research centers 22
Community residential care 16
Compensation and pension:
  Burial allowance 79
  Death compensation and dependency and indemnity compensation 73
  Death pension 73
  Disability compensation 73
  Disability pension 73
  Period of service 75,77
Computerized axial tomographic (CAT) scanners 31
Congressional and intergovernmental affairs 132
Construction:
  Architect-engineer contracts 147
  Asbestos abatement 150
  Barrier-free design 148
  Capital facilities study 149
  Contracts 113
  Research and development 149
  Cost estimating 149
  Historic properties 116
  Projects, current status of 150
  Real estate and space management 148
  State veterans' homes 149
  Value engineering 150
Consumer affairs 133
Continuing education 48
Cooperative health manpower education program 49
Cyclotron 30
Data management 134
Day hospital program 21
Day treatment centers 21
Decentralized hospital computer program 34,55,66
Dentistry 32
  Education center 32,49
  Research center 32
Diagnoses 70
Diagnosis related groupings 35,56
Dialysis program 18
Dietetics 40
Disabled veterans:
  Barrier-free design 148
  Blind rehabilitation 23
  Disability, compensation and pension 73
  Driver training 23
  Employment 104
  Life insurance 94
  Prosthetics 24
Disposition status 72
Domiciliary care 14
Drug dependence treatment 21
Duration of stay 71
Education benefits:
  Dependents' educational assistance 84
  Emergency Veterans' Job Training Act of 1983 83,119
  GI Bill 81
  New GI Bill 82
  Non-contributory educational assistance 83
  Post-Vietnam era veterans educational assistance 82
  State approving agencies 84
Education and training in health care 45
  Assistance for health manpower training institutions 45
  Clinical nurse specialists 47
  Continuing education 48
  Fellowships 38,48

Index—*Continued*

  Geriatric associated health training 38,48
  Graduate and undergraduate education 45
  Health care professionals 45
  Interdisciplinary team training in geriatrics 47
  Space and facilities 50
Emergency management and resource sharing 64
Employment, veterans:
  Assistance with 104
  Status of 128
Energy management 61
Engineering 62,147,150
Engineering training center 49
Equal employment opportunity 131
  Affirmative action 131
  Handicapped individuals 131
  Discrimination complaints 132
  Historically black colleges and universities 132
  Minorities and women 131
Executive development and training 56,129
Extended care 13
Facilities xviii,9
Facility planning 217
Fellowship programs 38
Fiduciary and field examination activity 102
Financial management 121
Fire protection 62
Former POW's 10,27,99,139,146
Freedom of Information Act 113,116,124
Funding, agency xvii,121
Geriatrics and extended care 12
  Geriatric evaluation units 15,139
  Geriatric research, education and clinical centers (GRECC's) 16
GI Bill 81
Grants:
  Specially adapted housing 89
  State cemetery 112
  State home 15
Halfway house programs 21
Headstones and markers 110
Health:
  Environmental 62
  Occupational 63
  Health services research and development 53
Hearing aids 24
Hepatitis B vaccine immunization 18
Historically black colleges and universities 132
History of the VA xi
Hospital based home care 16
Hospital care 11
Housing assistance:
  Credit market conditions 89
  Defaults 88
  Direct loans 88
  Fair housing program 90
  Funding operations 89
  GI home loans 88
  Manufactured home loans 86
  Onsite inspections 87
  Plant inspections 86
  Specially adapted housing 74,89,96
Hypertension screening 18
Independent living programs 106
Information management and statistics 138
Information resources management 130,134
Information technology center 137
Insurance:
  Disbursements 96
  National Service Life Insurance (NSLI) 91
  Service Disabled Veterans Insurance (SDVI) 91
  Servicemen's Group Life Insurance (SGLI) 91
  Total Disability Income Provision (TDIP) 91
  United States Government Life Insurance (USGLI) 91
  Veterans Group Life Insurance (VGLI) 91
  Veterans Mortgage Life Insurance (VMLI) 91
  Veterans Reopened Insurance (VRI) 92
  Veterans Special Life Insurance (VSLI) 91
Integrated management system 125
Interments 109
Internal control system 120
Investigations 119
Labor-management relations 129
Law, litigation, and legislation 113
Library 49
Life insurance (see Insurance) 91
Loans, housing (see Housing assistance) 89
Logistics 144
Manpower management 121
Manufactured homes 86
Marketing center 153
Medical care:
  Dependents (CHAMPVA) 17,56
  Employment 59
  Facilities in operation 9
  Female veterans 27,69,138
  Outpatient medical care 9
  Resource allocation development 56
  Uniformed services (CHAMPUS) 17
Medical district initiated program planning (MEDIPP) 60,65
Medical information resources management 66
Medical media 50
Memorial markers 109
Mental health and behavioral sciences 20
  Outpatient mental health programs 20
  Mental hygiene clinics 20
Mission, goals, and objectives .... xv,xvi
National cemetery system
  Headstones and markers 110
  State cemetery grants 112
Neurology 29
Nuclear magnetic resonance 30
Nuclear medicine 29
Nursing 37
Nursing home care 13
Occupational safety, health, and fire protection 62
Optometry 33
Organization chart xiv
Outpatient medical care 9,11
Paperwork management and regulations 138,141
Pathology 34
Patient health education 49
Patient satisfaction 64

Index — *Continued*

- Patient treatment file 55
- Pension (see Compensation and Pension) 79
- Personnel management:
  - Employee recognition 129
  - Executive development and training 129
  - Leadership VA 129
  - Labor-management relations 129
  - Staffing and recruitment 128
  - Veterans, employment of 128
- Pharmacy 38
- Podiatry 34
- Positron-electron transformation (PET) scanner 30
- Post-traumatic stress disorder 21
- Prisoners of War (POW), former 10,27,146
- Presidential memorial certificate program 113,145
- Preventive health care program 10,27,29
- Procurement and supply 144,152
- Program planning and evaluation 125
- Prosthetic and sensory aids 24
- Prosthetic research 25,54
- Psychiatry 20
- Psychology 20
- Public and consumer affairs 133
- Public laws, new 117
- Quality assurance 10,55,67
  - Health services review (HSRO) 53
  - Systematic external review (SERP) 68
- Radiology 31
- Readjustment counseling 22,128
- Records management 142
- Recreation 42
- Regional medical education centers (RMEC's) 41,49
- Rehabilitation medicine:
  - Blind rehabilitation 23
  - Comprehensive rehabilitation centers 22
- Driver training 23
  - Incentive therapy 22
  - Rehabilitation research and development 34,52
  - Spinal cord injury 23
  - Therapeutic printing plant 23
  - Vocational rehabilitation 22
  - Work restoration 22
- Reporting policy and review 139
- Research:
  - Awards 50
  - Construction 149
  - Health services 54
  - Medical 51
  - Prosthetic 25,54
  - Rehabilitation 52
- Resources (DM&S) 56
  - Resources allocation development 56
  - Resource utilization groups 56
- Respite and palliative care 16
- Safety 62
- Security and law enforcement 63
- Set-aside Program for Socially and Economically Disadvantaged Architect and Engineer Firms 151
- Sharing program 65,153
- Sickle cell anemia 18
- Small and disadvantaged business utilization 155
- Social work 41
- Specially adapted housing 89
- Spinal cord injury 23,52,54
- Staffing:
  - Guidelines 59,128
  - Recruitment 128
- State:
  - Approving agencies 84
  - Cemetery grants 112
  - Home programs 15
- Statistical research 138
- Statistical tables 157
- Substance abuse 21
- Supplies and equipment 144,152
  - Equipment assets 153
  - Supply fund sales 152
  - VA/DOD shared procurement program 153
- Surgery 19
  - Cardiac transplants 19
- Telecommunications 135
- Therapeutic printing plant 23
- Training:
  - Employee 129
  - Health care 37
  - Veterans 74,104
- Unions 129
- VAnguard 134
- Veterans centers 22
- Veterans:
  - Age 68
  - Characteristics 1,5,68,139
  - Education and income 6
  - Employment status 7,128
  - Families 5
  - Family income 6
  - Female 4,27,128,138
  - Geographic distribution 4
  - Population, by period of service 1,2
  - Work experience 7
- Veterans assistance:
  - Elderly beneficiaries 99
  - Employment assistance 101,104
  - Equal opportunity compliance 100
  - Fiduciary and field examinations 102
  - Former prisoners of war 10,27,99
  - Outreach 100
- Veterans canteen service 42
- Virology reference laboratory 34
- Visual impairment services teams 23
- Vocational evaluation and counseling (DM&S) 22
- Vocational rehabilitation and counseling (DVB):
  - Counseling 103
  - Educational and vocational counseling 21,106
  - Employment services 105
  - Pilot program of independent living services 106
  - Veterans' Advisory Committee on Rehabilitation 107
  - Vocational rehabilitation 104
- Voluntary service 44
- Women veterans 4,27
  - Employment of 128
  - Health care for female veterans 27,138
- Work restoration program 22

Margin Index

To use, bend book in half and follow margin index to page with black edge marker.

The Veterans Administration: An Overview

The Veteran

Health Care

Compensation and Pension

Education Benefits

Housing Assistance

Life Insurance

Veterans Assistance

Vocational Rehabilitation and Counseling

Cemeteries and Memorials

Administration and Management

Statistical Tables

262